REQUEST FOR PROPOSALS and BIDDERS WORKSHOP ANNOUNCEMENT
FY 2003-2004 MICHIGAN STATE INCENTIVE PROJECT GRANTS

The Michigan Department of Community Health/Office of Drug Control Policy (MDCH/ODCP) is pleased to announce the availability of Fiscal Year 2003-04 funds under the federal State Incentive Grant (SIG) Program.

Eligibility Criteria: Approximately $ 2.5 million per year will be available for 16-32 regional awards ranging from $ 77,500 to $ 155,000. All substance abuse prevention licensed programs including those currently receiving Substance Abuse Prevention Block Grant, and/or other federal, state, local or private sector funds may apply. Additionally, eligibility extends to local county health departments, community mental health boards and other agencies required by state law to provide prevention services to the public. Please also send to Intermediate School Districts (ISDs) and Local Education Administration (LEAs) entities, since these agencies may administer health education and health promotion projects funded by local county health departments. It is anticipated that projects will be funded for three years, contingent upon availability of funds. To that end, ODCP is soliciting proposals to provide community planned, evidence-based prevention strategies within each of sixteen coordinating agency regions. Prospective sub-recipients are **required** to submit a **Notice of Intent** (NOI) to apply for funding on or before **May 16, 2003**.

Target Population: The overall goal of the SIG Program is to enable governors to reduce alcohol, tobacco and other drug (ATOD) use by filling gaps in prevention services targeting youth and young adults ages 12-25 with **evidence-based** prevention and early intervention programs.

RFP Guidelines: Prospective sub-recipients may apply by securing the RFP Guidelines on the Office of Drug Control Policy website. The RFP is viewable to the public here**: http://www.michigan.gov/mdch/0,1607,7-132-2941_4871---,00.html**

Pre-Bid Workshops: In order to better understand the project scope and submission process, a series of Regional Bidders Conferences will be conducted from **May 12 through May 23, 2003**. Attendance is optional, however, pre-registration is required to allow us to adequately accommodate potential applicants. The bidders conferences will include:

- Overview of the RFP, SIG goals, objectives and key timelines
- Overview of the specifics of the guidelines for reviewing proposals
- Overview of needs assessment data resources
- Overview of evidence-based programming
- Overview of Limited English Proficiency (LEP) requirements
- Review of expectations for culturally relevant programming
- Overview of SIG evaluation construct and reporting requirements
- Overview of budget requirements

Dates	**Locations**	**Time**	**RSVP Contact**
Tues, May 13, 2003	Detroit Health Department 1151 Taylor Street Detroit, Michigan 48202 7TH Floor – Chapel	9 a.m.–12 noon	David Parcell Telephone (313) 876-0154 Fax (313) 876-0778 E-mail: JonesSM@health.ci.detroit.mi.us
Thurs, May 15, 2003	Michigan Resource Center 111 W. Edgewood Lansing, MI 48911	9 a.m.–12 noon AND 12:30 – 3:30 p.m. (2 sessions)	Larry Scott Telephone (517) 335-9734 Fax (517) 241-2611 E-mail: scottlp@michigan.gov
Tues, May 20, 2003	Kent CO Community Mental Hlth 728 Fuller Avenue, NE Grand Rapids, MI 49503	9 a.m.–12 noon	Jane Konendyke Telephone (616) 336-3765 Fax (616) 336-3593 E-mail: Janek@kentcmh.org
Thurs, May 22, 2003	Northern MI Sub Abuse Svcs, Inc. 1165 Elkview Drive- Lower Level Gaylord, MI 49735	9 a.m.–12 noon	Dennis Priess Telephone (989) 732-1791 Fax (989) 732-7052 E-mail: dpriess@nmsas.net

Questions: If you have questions, you may contact Larry Scott at scottlp@michigan.gov, (517) 335-9734 or Carolyn Foxall at foxallc@michigan.gov, (517) 335-9752

State Incentive Project Grants

Guidance for Request for Proposals

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
Office of Drug Control Policy

Yvonne Blackmond
Director
Michigan Office of Drug Control Policy

Larry Scott
Michigan SIG Project Director

2003

Michigan Department of Community Health/Office of Drug Control Policy

State Incentive Project Grants

APPLICATION INFORMATION SHEET

Applicant/Coalition: _____

Project Director/Coordinator: _____

Mailing Address: _____

Town, State, Zip Code: _____

Telephone: _____ Fax #: _____ E-mail Address: _____

State of Michigan Substance Abuse License #: _____

Fiscal Agent (Organization Name): _____

Contact Person:_____

Mailing Address: _____

Town, State, Zip Code: _____

Telephone: _____ Fax #: _____ E-mail Address: _____

Federal Tax ID Number: _____

Total Amount Requested: _____ Previous ODCP Grant? Yes ___ No ___

Grant Period: From: Oct. 1, 2003 to Sept. 30, 2004

Project Title: _____

Local or Regional Area(s) to Be Served: _____

Coordinating Agency (CA): _____

Target Population: _____

Have you submitted a Notice of Intent to apply for funding to:

CA for your region _____ **AND** The Michigan Office of Drug Control Policy _____

Risk Factor(s) Addressed Directly By This Project: (You may add an attachment)

_____

Primary Strategies that Best Describe this Project

____ Information Dissemination ____ Education _____ Alternatives

____ Problem ID and Referral ____ Environmental _____ Community-Based Process

Who should we call if we have questions about this application between submission of the application and July 25, 2003? Name: _____Phone #: _____

***NOTE: This information sheet should be presented as the cover sheet of the application submitted. Be sure to include all information requested.**

Table of Contents

Glossary

Approach: A broad term referring to a range of principles, strategies and interventions; the basic direction from which one views prevention, i.e. research-based, public health, environmental, comprehensive.

ATOD: Alcohol, Tobacco and Other Drugs

CAPT: Center for the Application of Prevention Technology, an organization selected by CSAP to serve as a regional source of technical assistance on the application of science-based prevention at the state and community level.

Community: An area or segment of the population that can be defined in terms of a geographic boundary (a place), *OR* a cultural or professional commonality, such as ethnicity (i.e. Native American), profession (i.e. physicians, law enforcement personnel), or special interests (i.e. faith communities, services for runaway youth). An **eligible community** is one that has an identified group (i.e. or network) that is mobilized on behalf of the community, and that can identify a qualified fiscal agent for the purposes of the grant.

Community Collaborative - Regional partnerships, tobacco coalitions, other community-wide groups

Comprehensive Alcohol and other drug Abuse Prevention Plan: A long-term plan to reduce alcohol and other drug use by youth and abuse by adults that is designed for a specific community, region or state. A comprehensive plan applies multiple strategies and programs across a variety of settings and intended audiences to address alcohol and other drug related problems from every possible angle. At a minimum, a comprehensive plan includes strategies or programs aimed at **policy and legislative issues, youth access to ATOD, families, media, schools, communities, workplaces, substance-free recreational opportunities...**

Conflict of Interest: Having either actual or potential financial and/or decision-making interest or other involvement with any organization that is or could be perceived to be, in conflict with the discharge of one's duties. Financial or other interest includes anything of monetary value for an individual or their immediate family members, including but not limited to salary or other payments for services; equity interests; intellectual property rights (e.g. patents, copyrights, royalties); holding of a position as an officer, director, agent, consultant or employee of a business/entity.

CSAP: The Federal Center for Substance Abuse Prevention; the funding source for the SICA project.

Domain: The spheres of influence in a person's life in which a risk factor or prevention opportunity might occur; namely community, family, school, peer/individual.

Goals and Objectives: A goal is a broad, general statement concerning what a program intends to accomplish. An **objective** is a specific statement describing what will be accomplished, by when, for whom, and how success will be measured.

Intended Audience (also Target Group): The specific people that the prevention strategy plans to reach, i.e. youth, parents, or adults who sell to or buy for minors, etc.

NIAAA: National Institute on Alcohol Abuse and Alcoholism

NIDA: National Institute on Drug Addiction

ODCP: Michigan's Office of Drug Control Policy, an office of the State Department of Community Health.

Objective: See "goals and objectives."

Principle: A lesson learned from experience and published in the literature; a *theoretical* basis for planning effective strategies.

Program: A collection of strategies put together to create a meaningful whole; also referred to as an intervention.

Protective Factors: Factors and processes that protect a person from problems such as substance abuse and can strengthen their determination to reject alcohol and other drug use. Also referred to as assets (as in "asset development program").

Research-based prevention: Strategies, interventions and products that have been evaluated and have been shown to have an effect on actual substance use, norms related to use, or specific risk factors that have been linked to substance use.

Resiliency: Elements of personality and temperament, as well as positive life skills and experiences, that help a person succeed despite growing up in a high-risk family or environment.

Risk Factors: Characteristics or attributes of a person, their family, their peers, their environment, their school, etc. that have been associated with a higher susceptibility to alcohol and other drug abuse and other problems.

Setting: The place in which a prevention strategy or program takes place, i.e. home, school, workplace, public places, etc.

SIPG or SIG: The State Incentive (Projects) Grant, the formal agreement entered into by Michigan and CSAP.

Staff – any person that is paid (full or part-time) to work for the proposed project

Strategy: A course of action; something one *does* to put principles into practice, e.g. information dissemination, education, early intervention, social policy/environmental change, etc.

Sub-Recipient: A program licensed to provide substance abuse prevention services in the state of Michigan that is awarded SIG funding. A sub-recipient could also be a program under contract to provide services to the primary sub-recipient of SIG funding.

Target Group: See "intended audience". May include but is not limited to:

Parents - caregivers, guardians, etc.

Media - newspaper, radio, TV, etc.

Law Enforcement - local & state police, D.A.R.E. officer, Dept. of Liquor Control

Faith Community - formal or informal religious or spiritual leaders

Business - for profit business/corporation
Volunteer Groups - civic groups, grassroots groups, service organizations, advocacy groups, boy scouts, individual volunteer, etc.

Recreation - local recreation dept.'s - even if part of local government, teen centers, Boys & Girls Clubs

School - school nurse, principal, health teacher, school board member, Student Assistance Program Counselor, Safe & Drug Free School Coordinator, etc.

Health Care - providers of direct health care services: nurse, doctor, dentist, etc.

Government - elected officials: all Federal, State and local elected people; ie, senator, select board, town supervisor, local representative, etc.

Youth/students - under age 18

Colleges/Universities - faculty, staff, students or other representative

Mental Health - representative from local mental health agency

I. BACKGROUND and PURPOSE

The Michigan Department of Community Health/Office of Drug Control Policy (ODCP) has announced the availability of Fiscal Year 2003-04 funds under the federal State Incentive Grant (SIG) Program. In October of 2002, the Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention (SAMHSA/CSAP) awarded a SIG to the Michigan Office of Drug Control Policy (ODCP) for a total of $9M over three years. These resources will contribute to the planning and development of our statewide substance abuse prevention system, and augment efforts already underway to promote evidence-based prevention practices.

The overall goal of the SIG Program is to enable governors to reduce alcohol, tobacco and other drug (ATOD) use among youth through two means: 1) development and implementation of a comprehensive State-wide substance abuse prevention strategy to optimize the use of all State and Federal substance abuse prevention funding streams and resources; and 2) development and implementation of a comprehensive, long-range prevention program system to ensure that all State prevention resources fill identified gaps in prevention services targeting youth and young adults ages 12-25 with evidence-based prevention and early intervention programs. Promoting the use of exemplary evidence-based programming at regional and community levels will contribute to a cross section of documented outcomes and cost-effective use of prevention funds. The success of this pilot process will in turn become the incentive for statewide replication and, thereby:

- Enhance the State prevention infrastructure and stimulate cross-agency efforts.
- Revitalize thinking about prevention statewide.
- Create a common, overarching statewide framework for strategic planning.
- Involve key entities and community stakeholders in all aspects of the process.
- More effectively organize and deploy not just SAPT Block Grant funds, but also all the Prevention resources that come into and from the State.

A request for proposals (RFP) process will allocate funding to programs to facilitate the attainment of these goals through activities that employ evidence-based prevention principles at local and/or regional levels. These community-based efforts, in effect, will collectively demonstrate the feasibility and effectiveness of the SIG approach, and thus drive the development and implementation of a collaborative and comprehensive statewide prevention plan built on the mission of the SIG.

Approximately $ 2.5 million per year will be available for 16-32 regional awards ranging from $ 77,500 to $ 155,000. All licensed programs including those currently receiving Substance Abuse Prevention Block Grant, and/or other federal, state, local or private sector funds may apply. Actual funding levels will depend on the availability of funds and documentation of need identified by national, state and other relevant surveys and reports.

Proposals submitted for funding must reflect a three-year plan. Annual continuation awards during this 3-year cycle will depend on the availability of funds and progress achieved by grantees.

SIG monies shall not be used to supplant or displace funding for any Federal or State *Categorical, Earmarked* and/or *Discretionary* projects.

II. REQUEST FOR PROPOSAL (RFP) PROCESS

A. Where to Send Application

Prospective Sub-Recipients should send the original and **4** copies of their application to their designated regional Coordinating Agency (CA).

B. Important Dates

1. CA'S are required to issue an **RFP** to all licensed Prevention programs within their respective regions by **May 2, 2003**. This includes agencies currently receiving Substance Abuse Prevention Block Grant, and/or other federal, state and local funds. A list of licensed programs is available through the MI Dept of Consumer & Industry Services, (517) 241-1970.

2. Prospective Sub-Recipients are required to submit a **Notice of Intent** (NOI) to apply for funding. Such notification is used by ODCP to estimate the number of applications that will be received, for purposes of review and program planning. This letter does not obligate the person/organization to submit an application. Letters should be no longer than one page. **Two copies** are required and must be maintained in the procurement records of the receiving agents. The **deadline for receipt** of **both** NOI's is on or before **May 16, 2003**.

   The Notice of Intent to apply for funding should include the following:
   - Name of the applicant organization
   - Working title of proposed project (if known)
   - Location of the proposed services
   - Name and phone number of the contact person

   The two NOI's should be submitted as follows:

   One copy submitted to the designated regional Coordinating Agency

   Second copy to:

   Michigan Department of Community Health
   Larry P. Scott
   SIG Project Director
   3423 N. Martin Luther King Jr., Blvd - Rm 315
   Lansing, MI 48909
   scottlp@michigan.gov

   Notice should be sent via one of the following methods:

   E-mail, FAX, U.S. Post Office, or Hand Delivery.

3. A series of Regional Bidders Conferences will be conducted from **May 12 through May 23, 2003**. The bidders conferences will include, at a minimum: a) an overview of the RFP, goals and objectives and key timelines; b) overview of the specifics of the guidelines for distributing RFP's and reviewing proposals; c) overview of needs assessment data resources; d) overview of evidence-based programming; e) identifying and selecting evidence-based programs; f) overview of Limited English Proficiency (LEP) requirements; g) review of expectations for culturally relevant programming; h) overview of SIG evaluation construct; i) overview of budget requirements and j) overview of reporting requirements.

4. To ensure that all applications will be afforded the same competitive advantage, the closing date for the **receipt of applications** under this solicitation by the CAs is **June 13, 2003**.

5. The CAs must submit **all qualified applications** to the Office of Drug Control Policy postmarked no later than **June 27, 2003**.

6. An Independent Review Committee (IRC) established by the ODCP shall review the CA recommended Sub-Recipient applications for the purpose of selecting finalists for SIG Advisory Committee approval. The **Independent Review Committee** shall provide its recommendations for Sub-Recipient funding to the Advisory Committee by **July 11, 2003**.

7. **July 18, 2003**, the **Advisory Committee** will review and vote on the IRC's recommendations for Sub-Recipient funding.

8. By **July 25, 2003**, the **Governor will announce** the SIG Sub-Recipient grantees.

9. **Project Start date: October 1, 2003**

C. Sub-Recipient Allotment and Funding Cycle

1. This project will award $2.5 million, to licensed community agencies for community planning and implementation of evidence-based programs. Yearly awards are projected to range from $ 77,500 to $ 155,000. **It is anticipated that projects will be funded for three years, contingent upon availability of funds.** To that end, ODCP is soliciting proposals to provide community planned, evidence-based prevention strategies within each of sixteen coordinating agency regions.

2. A three-year budget is required as follows: an actual budget for the first year of the project, plus 2nd and 3rd year projected budgets.

3. The initial contracting period will be from October 1, 2003 until September 31, 2004. Contracts are RENEWABLE ANNUALLY FOR 2 additional years, with second and third-year funding contingent upon the availability of federal funds and progress toward achieving goals. During year 2, grant recipients will be expected to document efforts to carry out and sustain the program beyond the three-year grant period.

5. Grant recipients will be required to attend an orientation in **October 2003.**

D. Funding Criteria

Decisions to allocate funds under this announcement are based on:

1. Scoring criteria that reflects the strengths and weaknesses of the application as identified by:

   - Coordinating Agency's Review Committee
   - State SIG Independent Review Committee
   - SIG Advisory Committee

   There will be 100 possible points with a minimum of 80 points needed to qualify for State review.

2. The number of applications received, and the funding available. [Note: The ODCP reserves the right to award less than the full amount specified in the proposed program application.

3. Documentation of need as evidenced by the *National Household Survey on Drug Abuse; Michigan Substance Abuse Risk and Protective Factors 2000/2001 Student Survey; Michigan 2000 Community Prevention Systems Assessment Survey; 2001 Michigan Youth* Risk Behavior Survey; *a MI Dept. of Community Health publication entitled* Assessing Substance Use Prevention Needs in Michigan Counties: A Study Using Social Indicators *and other relevant surveys and reports.*

4. Compliance with data reporting requirements including, but not limited to, SIG reporting requirements.

III. SIG ORGANIZATIONAL STRUCTURE

A. Role of State Staff (Office of Governor and Office of Drug Control Policy)

- Assess and redirect statewide prevention resources.
- Enhance statewide prevention strategies
- Provide model program data that will help awardees identify, select, and replicate evidence-based community prevention programs.
- Provide guidance, including provision of training and technical assistance to develop capacities to use data for planning purposes, to help awardees achieve SIG goals.
    - Pre-Award - During the bidder's conferences prospective sub-recipients will receive specific direction on: Choosing the appropriate prevention initiative by determining the classification or degree of rigor in research-based prevention efforts; and How to identify, select, and/or replicate effective evidence-based prevention programs.
    - Post –Award - During the 3 months after receiving approval for SIG funding, sub-recipients will receive training updates and technical assistance from the Michigan SIG Project Director, the SIG Project Specialist, project evaluator and other prevention specialists on the following: Implementing evidence-based programs; and Outcome based prevention. Central CAPT will also provide training on how to use CSAP's Decision Support System (DSS) in an effectual manner. Sub-recipients can use the DSS as a tool for planning, implementation and evaluation.
- Participate on policy, steering, advisory, or other workgroups.
- Monitor and review progress of SIG projects including conducting site visits.
- Develop and implement a comprehensive statewide substance abuse prevention strategy to optimize the use of all State and Federal substance abuse prevention funding streams and resources including:
    - The 20 percent primary prevention set-aside from the SAPT Block Grant
    - Funds from this SIG program
    - Additional financial support from Federal agencies, States and communities
- Collect, evaluate, and report statewide prevention project data to Federal Project Officer

B. Role of State SIG Advisory Committee:

- Represent the Office of the Governor and diverse stakeholders of the State, including:
    - Relevant State agencies
    - Regional Coordinating Agencies
    - Local community prevention organizations
    - Prevention providers
    - Local anti-drug coalitions
    - Youth and family groups
    - Health care organizations

- Provide prevention coordination and support to the governor and strategic and operational advice to the SIG.

- Advisory committee responsibilities should include:

    - Establishment of workgroups and committees
    - Development of plan of action with short- and long-term goals
    - Development and support of comprehensive State prevention plan
    - Establishing mechanisms for SIG Sub-Recipient awards

C. Role of the Coordinating Agencies

- Assist in the SIG Sub-Recipient selection process by:

    - Distributing a request for proposals (RFP) issued by ODCP
    - Recommending prospective Sub-Recipient for SIG funding;

- Establish an Application Review Committee comprised of: CA Director (or designee); Prevention Coordinator; an Agency representative with no conflict of interest (see definition); and persons reflective of the diverse community composition. Participants may include, but are not limited to: Community coalitions, student groups, advisory board members, etc. [See scoring criteria and scoring tool as appendices # 6a and 6b]

- Serve as SIG Sub-Recipient fiduciaries.

D. Role of Sub-Recipients

- Identify and fill gaps in needed prevention services for the target population

- Identify and select evidence-based prevention programs

- Implement local prevention programming

- Actively meet all evaluation and reporting requirements

- Attend all required meetings (e.g., Learning Communities)

IV. EVALUATION REQUIREMENTS

Michigan has contracted with the Pacific Institute for Research and Evaluation (PIRE) to oversee the local evaluation of its SIG initiative. PIRE is a nationally recognized resource in the area of alcohol and other drug problem research, evaluation, and program development. The evaluation will examine the effects of the Michigan SIG initiative at the state and community levels, and all sub-recipient communities will be required to participate in the community-level evaluation activities.

The primary community-level evaluation requirements are expected to include: process data collected using CSAP's Minimum Data Set (MDS) software, program fidelity information collected at the completion of each program implementation, and outcome data collected using participant pre/post tests concerning relevant risk and protective factors and recent substance use. Additional methods may include review of archival data, key informant interviews, and project staff surveys. PIRE staff will work closely with sub-recipient project staff to support collection of the intervention-level data required by the State and CSAP, and 5% of the sub-recipient budget should be set aside to allow for supplies and employee time associated with evaluation data collection and data entry. Relevant informed consent procedures will need to be followed for collection of data from participants.

Although the collection of data from comparison groups will not be required, sub-recipients must agree to cooperate with PIRE in the identification and use of any existing community-level data that might be used to compare program effects with changes in similar populations. In this proposal, sub-recipients should indicate any ongoing data collection efforts (e.g., annual school or community surveys) that may demonstrate the impact of their program relative to comparison locations. In addition, sub-recipients should indicate if they would be willing to collect comparison data if additional funds were made available to support this effort.

Sub-Recipients must also participate in the SIG National Cross-Site Evaluation, conducted by Westat Corporation. However, most cross-site evaluation requirements are covered by the local evaluation requirements. At this point, the primary additional sub-recipient requirement for the cross-site evaluation is a semi-annual checklist that is expected to take less than an hour of additional time.

V. REQUIREMENTS FOR SUB-RECIPIENT PROPOSAL CONTENT

Eligible applicants must use the following format in submitting a request for funding. A formal checklist accompanies this document identified as APPENDIX #__5_____.

1. FACE PAGE *[*See *Inside page following application cover sheet).]*

2. ABSTRACT
The program abstract may not be longer than one page. In the first 5 lines or less of your abstract, write a summary of your project that can be used in publications, reporting to State Legislature and other governmental agencies, or press releases, if funded.

3. TABLE OF CONTENTS
Include page numbers for each of the major sections of your application and for each appendix.

4. REQUIREMENTS FOR SUB-RECIPIENT RFP PROGRAM CONTENT
Prospective Sub-Recipient proposals **MUST** include the following project narratives and supporting documentation.

Narratives A-E may not total more than 25 double-spaced pages.

Project Narrative A - Description of all Current Prevention Funding Streams and Resources in your Agency

Project Narrative B - Data Indicating Needs of the Target Population (12-25 year old youth) and Their Families

Project Narrative C - Implementation Plan for the Proposed Project

Project Narrative D - Project Management and Staffing Plan

Project Narrative E - Evaluation

Support documentation for the Sub-Recipient's application MUST include the following:
(Note: There are no page limits for these items.)

Literature Citations
This item must contain complete citations, including titles and all authors, for any literature cited in the application.

Budget Requirements/Justification, Existing Resources, Other Support – A three-year budget plan is required

NOTE: Although the budget for the proposed project is not a scored review criterion, the Review Group will be asked to comment on the budget after the merits of the application have been considered. Remember to indicate the percentage of funds requested for both administrative costs and program costs. (See APPENDIX #__7_____ for example of budget format)

Biographical Sketches and Job Descriptions

- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment with the sketch.

- Include job descriptions for key personnel. They should not be longer than **1 page**.

Appendices 1 - 5

Use only the appendices listed below.
Don't use appendices to extend or replace any of the sections of the Project Narrative (reviewers will not consider these).
Don't use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1:
Include any Memorandum of Understanding (MOU) of ongoing public health or other agreements.

Appendix 2:
ASSURANCES

Appendix 3:
CERTIFICATIONS

Appendix 4:
DISCLOSURE OF LOBBYING ACTIVITIES

Appendix 5:
CHECKLIST

VI. PROJECT NARRATIVE AMPLIFICATION

A Through E

Format and Scoring

The Sub-Recipient's application will consist of responses to Project Narratives A through E and items pertaining to support documentation. In the following pages, you will find detailed information on how to respond to narratives A through E.

The combined total of narratives A though E may not be longer than 25 pages; text must be 12 point font, double spaced, 1 inch margins on all sides, and pages continuously numbered from the narrative section through the bibliography.

A CA review committee will score the application based on the quality of responses.
There are a possible 100 points with a minimum score of 80 required for consideration at the State review level.

The number of points after each main heading shows the maximum points the review committee may assign to that category.

The CA and Independent Review committees will expect proposals to address the following:

- Cultural Competency. [See Appendix # 9] Guidelines for Assessing Cultural Competence]
- Research-Based programming [See Appendix 10: Sections I & IV]
- Prevention Strategies [See Appendix 10: Section I] and
- Logic Model planning [See Appendix # 11].

The appendices will provide forms, background information and resource references to facilitate the application process.

Narrative A: Description of all Current Prevention Funding Streams and Resources to the Prospective Sub-Recipient (10 Points)

- Depict current funds and resources (e.g., SAPT Block Grants, federal, state, local and private sector funds such as foundations) in a graph/chart format, and indicate the prevention programming that they support.

- Provide a clear description of how your organization currently uses these funds and resources to meet your community's needs in a cost-effective manner.

Narrative B: Needs of the Target Population (20 Points)

1. Describe substance abuse prevention needs in the target population: youth, young adults ages 12-25 years, and their families.

2. Explain the involvement of the targeted population(s) in identifying the stated needs.

3. Reference data and/or information from federal/state/regional/local-supported needs assessments and surveys.

    a) Prospective sub-recipients will be expected to use data that are currently available including: 2001 YRBS findings; Michigan statewide, as well as regional/county and local social indicator data; State estimates from the Michigan Substance Abuse Risk and Protective Factors 2000/2001 Student Survey; State estimates from the NHSDA; regional and local needs assessments from CA Annual Action Plans.
    b) Other prevalence and trend estimates including preliminary data on service gaps from the *Michigan 2000-01 Community Prevention Systems Assessment (COMPSA*); *Assessing Substance Use Prevention Needs in Michigan Counties*: *A Study Using Social Indicators*; and *1995 Michigan Drug and Alcohol Population Survey (MDAPS): Risk Factors for Substance Abuse and Need for Treatment*.

4. Identify and describe gaps in types of needed prevention services for the targeted population in Sub-Recipient region. The proposal must illustrate that:
    a) The sub-recipient has the ability to assess local and/or regional prevention needs including needs of the populations identified as the SIG target population through National, State, Regional and Local needs assessments.
    Assessed needs cover relevant risks and protective factors affecting target populations.

Suggested resource: Assess Your Needs Module of the Prevention Decision Support System (www.preventiondss.org)

Narrative C: Implementation Plan for a Local Prevention System

(50 Points)

A primary objective of the SIG Project is to fill identified gaps in prevention services targeting youth and young adults ages 12-25 with evidence-based prevention and early intervention programs. Therefore, your plan must involve only evidence-based interventions that are appropriate to meet your local needs, and you must demonstrate the capability to implement these interventions successfully. Please address the following three issues:

1. Selection of evidence-based interventions.

- The proposed plan must employ only evidence-based interventions that are considered model, effective or promising. These are identified in CSAP's National Registry of Effective Prevention Programs (NREPP) and other publications that may include a list of programs that have undergone rigorous review and determined to be effective. [See Appendix #10: Section 3] The provision of evidence-based interventions may include, but is not limited to, the following initiatives: education for parents related to the target population; mentoring for youth in need of social skills; community coalitions geared to undertake ATOD prevention; faith based initiatives; and peer leadership training.

- Include a description of how the proposed prevention plan reaches universal (general), selected (specific groups) and/or indicated (high risk) audiences employing proven prevention strategies, and how this plan helps meet the community needs identified in Section B. [See Appendix #11]

- Include an explanation of how the proposed model or evidence-based interventions are inclusive of diverse sub groups within the target population, such as: African Americans, Hispanic and Latino Americans, Arab-American, Chaldean, American Indian, rural residents, urban residents, migrants, recent immigrants, the economically disadvantaged, youth involved in tobacco use; children of substance abusers; pregnant women and teens who are substance users; violent and delinquent youth; gangs; college students; special population outreach to hearing impaired, physically disabled and homeless youth; and children and parents participating in child protective service programs.

2. Implementation of services.

- The sub-recipient plan should exhibit application of the "logic" model for the proposed intervention including a description of: a) identified risk and protective factors; b) prevention activity designed to modify those factors; c) short term program outcomes; d) intermediate program outcomes and e) impact on target population.

- Describe the location(s) (i.e. schools, community centers, other) and time frame(s) when services will be implemented.

- Describe how project process and outcomes will be monitored, evaluated and managed to assure delivery fidelity.

3. Capacity to implement evidence-based services.

- Describe the licensing and service history of your organization.

Organizations eligible to respond to the RFP for the Michigan SIG funds will be licensed Prevention providers including, but not limited to: community coalitions, faith-based agencies, school-based agencies, local public health agencies, community mental health agencies, juvenile justice programs; community re-entry programs funded by the Department of Corrections and community-based organizations. **All applicants must be operating on a functional level prior to submission of a proposal to be considered for award.** At a minimum "functional" shall mean that prior to application potential Sub-Recipients will substantiate:

- Existence as a substance abuse licensed entity under state statutes
- Documentation of a community needs assessment identifying the reduction of alcohol and other drug use among youth as a goal
- A planning process that engaged key stakeholders relevant to proposed service
- Implementation of a comprehensive alcohol and other drug prevention plan

- Provide evidence of:
  a) Sufficient financial, technical and human resources credentials and/or certification to implement the local plan in the geographic areas served;
  b) A service delivery system that is culturally relevant to the region's community values, existing practices, culture and characteristics of the population being served
  c) The readiness of community and the target population for the proposed intervention including the community's willingness to accept interventions requiring changes in their behavior, attitudes and knowledge, and their capability to make these changes;
  d) The appropriateness of proposed sub-recipient plan given the cultural environment and community readiness and a description of modifications or adaptations needed;
  e) The ability to provide age, gender and language appropriate materials;
  f) The ability to provide resources for the physically disabled and hearing impaired.

- Provide evidence of Minimum Data Set (MDS) electronic reporting capability

- Provide evidence of a Limited English Proficiency (LEP) policy that includes:
  a) A procedure for identifying and assessing language needs of the individual provider and its client population;
  b) Identified range of oral language assistance options appropriate to the CA and contractor's circumstances;
  c) How the Sub-Recipient provides notice to LEP persons in their primary language, or the right to free language assistance;
  d) What staff training and program monitoring is performed;
  e) Provisions for written materials in a language other than English where a significant number or percentage of the underserved population need services or information in a language other than English to communicate effectively

- Describe your success at past and current organizational development activity, such as interagency agreements, local, regional and cross-regional coordination. Include results of previous substance abuse prevention initiatives, such as evidence-based programming, prevention roundtables, coordination with tobacco coalitions, law enforcement and community coalitions.

Narrative D: Prospective Sub-Recipient's Management and Staffing Plan (20 Points)

Prospective Sub-Recipients must provide a project management and staffing plan describing the following:

- Administrative structure, Board of Directors, and coordinating functions.
- Qualifications and experience of the proposed grantee project director and other key personnel.
- A plan for addressing the turnover of any key staff.
- Relevant resources and participating agencies available to support the overall program.
- Timeline showing all startup and implementation tasks.

Narrative E: Evaluation

This section will not be scored. Your assurance of participation in the evaluation activities required by the State and CSAP (led by the local evaluators at PIRE and the national cross-state evaluators at Westat) is included in the Assurances Section. A list of some of the expected evaluation requirements is provided in Section IV. To assist with this participation, 5% of your budget should be set aside to allow for supplies and employee time associated with evaluation data collection and data entry.

For this section of the proposal, please indicate the following:

1. Does your agency typically collect outcome data on the population that you serve?
   If so, give some examples of the type of data you collect.

2. Are there any ongoing data collection efforts that take place in your community, either by you or other entities (e.g., annual school or community surveys)?
   If so, indicate which agency or organization collects those data and how often they are collected.

3. In Narrative C have you explained how you will evaluate and report both the process and outcome(s) of your project?

VII. BUDGET REQUIREMENTS/JUSTIFICATION

The budget must be clear with line item detail and must be sufficient to cover the cost of administration and implementation of the sub-recipient plan including: personnel; equipment, supplies, training; travel; and consultant and provider contracts. **Administrative costs may not exceed 15%** of the total budget. This includes the requirement of 5% to be set aside for evaluation activities. In-kind costs should be indicated.

The budget must also be supplemented with a narrative. The narrative should justify all budget items. Budget justification must be explicit in describing program budget items for purposes of accountability. Specifics should be provided in regards to consultants, operating expenses, supplies and services. Include hourly rates for staff and consultant time and list each position separately. Consider costs for meetings and trainings, coalition development, Internet access, etc. The budget narrative should also include any funding sources that will be specifically merged with grant funds. [Note: During year two grantees will be required to include a plan for continued funding at the end of the grant period.]

An explanation of allowable and prohibited expenditures is provided below other budget instructions are detailed in Appendix # 7

A. Unallowable Expenses and Activities

1. Equipment over $5,000.
2. Construction costs and/or renovation.
3. Drug treatment, medical expenses, or rehabilitative services.
4. Costs of applying for this grant (e.g., consultants, grant writers).
5. Any expenses incurred before the date of the contract.
6. Indirect cost rates or indirect administrative expenses (only direct costs permitted).
7. Lobbying or advocacy for particular legislative or administrative reform.
8. Legal fees.
9. First class travel.
10. Out-of-state trips, tours, excursions, amusement parks, sporting events.
11. Management or administrative training, conferences (only pre-approved project-related training).
12. Management studies or research and development (costs pertaining to evaluation are allowed).
13. Honorariums.
14. Fines and penalties.
15. Fund raising and any salaries or expenses associated with it.
16. Purchase of land.
17. Losses from uncollectible bad debts.
18. Memberships and agency dues, unless a specific requirement of the project (prior approval needed).
19. Contributions and donations.
20. Compensation to federal or state employees for travel or consulting fees.

B. Conditions on Expenses

Costs must be reasonable and necessary. If required by the parent agency, costs must be substantiated by competitive bids. All contracts and subcontracts require prior approval by the Office of Drug Control Policy. If detailed information is not included as part of the application process, the grantee must submit a request seeking approval once the contracts or subcontractors are identified.

APPENDIX 1

Sample Memorandum of Understanding

Memorandum of Understanding (EXAMPLE)

(This specific format is not required)

Memorandum of Understanding

Between the Greater Northwest Coalition (GNC) and

The Northwest Supervisory Union (NWSU)

The Northwest Supervisory Union fully supports the Greater Northwest Coalition's application to the Michigan State Incentive Project Grants (SIG) program. NWSU administrators, teachers, staff and students have been involved in GNC since its inception in 1996. We fully support their mission of substance abuse prevention and applaud their involvement in the healthy development of our community's youth.

NWSU has administered Safe and Drug Free Communities and Schools monies for this district. NWSU has been the fiscal agent for GNC for their SIG Project (Federal monies in a State Incentive Grant administered through the Michigan Department of Community Health[MDCH]) and their Tobacco Control Community Grant, also administered through the MDCH.

NWSU agrees to function as the fiscal agent for GNC for their SIG Project. We agree to:

1. Receive and expend any New Directions monies awarded to GNC. Requests for payment will be made by the GNC Coordinator or assigned agent and co-signed by authorized NWSU representative.
2. Comply with all methods of payment, audit requirements, accounting systems and financial records as specified by the Vermont Department of Health.
3. Comply with assurances, certifications, and disclosures, signed copies of which are enclosed in the New Directions application.
4. Maintain records that adequately identify the source and application of funds provided for financially assisted activities. These records will contain information pertaining to cooperative agreements and authorizations, obligations, non-obligated balances, assets, liabilities, outlays or expenditures, and income.

GNC agrees to:

1. Submit bills in a timely manner according to NWSU's payment schedule.
2. Collaborate with NWSU for smooth transfer of funds.
3. Reimburse NWSU $2000.00 for fiscal agent administrative costs.
4. Be involved in hiring and supervision of staff.
5. Be involved in decisions regarding purchases over $300.

Superintendent Northwest Supervisory Union	Date	Coordinator or Chair Greater Northwest Coalition	Date

APPENDIX 2

Assurances (signature required)

ASSURANCES

The following assurances are hereby given to the Contracting Agent**:**

A. **Compliance with Applicable Laws**

The Contractor will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Contractor will also comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in carrying out the terms of this agreement.

B. **Anti-Lobbying Act**

The Contractor will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act (Public Law 104-208). Further, the Contractor shall require that the language of this assurance be included in the award documents of all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

C. **Non-Discrimination**

1. In the performance of any contract or purchase order resulting here from, the Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or position. The Contractor further agrees that every subcontract entered into for the performance of any contract or purchase order resulting here from will contain a provision requiring non-discrimination in employment, service delivery and access, as herein specified binding upon each subcontractor. This covenant is required pursuant to the Elliot Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.2201 et seq, and the Persons with Disabilities Civil Rights Act, 1976 PA 220, as amended, MCL 37.1101 et seq, and any breach thereof may be regarded as a material breach of the contract or purchase order.

2. Additionally, assurance is given to the Department that proactive efforts will be made to identify and encourage the participation of minority owned, women owned, and handicapper owned businesses in contract solicitations. The Contractor shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority owned, women owned, and handicapper owned businesses in subcontracting; and (2) making discrimination a material breach of contract.

D. Debarment and Suspension

Assurance is hereby given to the Department that the Contractor will comply with federal regulation 45 CFR Part 76 and certifies to the best of its knowledge and belief that it, including its employees and subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or contractor;

2. Have not within a 3 year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2, and;

4. Have not within a 3 year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

E. Federal Requirement: Pro-Children Act

1. Assurance is hereby given to the Department that the Contractor will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Contractor also assures that this language will be included in any sub awards which contain provisions for children's services.

2. The Contractor also assures, in addition to compliance with Public Law 103-227, any service or activity funded in whole or in part through this agreement will be delivered in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Contractor. If activities or services are delivered in facilities or areas that are not under the control of the Contractor (e.g., a mall, restaurant or private work site), the activities or services shall be smoke-free.

F. Hatch Political Activity Act and Intergovernmental Personnel Act

The Contractor will comply with the Hatch Political Activity Act, 5 USC 1501-1508, and the Intergovernmental Personnel Act of 1970, as amended by Title VI of the Civil Service Reform Act, Public Law 95-454, 42 USC 4728. Federal funds cannot be used for partisan political purposes of any kind by any person or organization involved in the administration of federally assisted programs.

G. Home Health Services

If the Contractor provides Home Health Services (as defined in Medicare Part B), the following requirements apply:

1. The Contractor shall not use categorical grant funds provided under this agreement to unfairly compete for home health services available from private providers of the same type of services in the Contractor's service area.

2. For purposes of this agreement, the term "unfair competition" shall be defined as offering of home health services at fees substantially less than those generally charged by private providers of the same type of services in the Contractor's area, except as allowed under Medicare customary charge regulations involving sliding fee scale discounts for low-income clients based upon their ability to pay.

3. If the Department finds that the Contractor is not in compliance with its assurance not to use state local public health operations and categorical grant funds to unfairly compete, the Department shall follow the procedure required for failure by local health departments to adequately provide required services set forth in Sections 2497 and 2498 of 1978, PA 368, as amended (Public Health Code), MCL 333.2497 and 2498, MSA 14.15 (2497) and (2498).

H. Subcontracts

Assure for any subcontracted service, activity or product:

1. That a written subcontract is executed by all affected parties prior to the initiation of any new subcontract activity. Exceptions to this policy may be granted by the Department upon written request within 30 days of execution of the agreement.

2. That any executed subcontract to this agreement shall require the subcontractor to comply with all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the provisions of the subcontract, the provisions of this agreement shall prevail.

   A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:

   a. Contains additional non-conflicting provisions not set forth in this agreement;

   b. Restates provisions of this agreement to afford the Contractor the same or substantially the same rights and privileges as the Department; or

c. Requires the subcontractor to perform duties and/or services in less time than that afforded the Contractor in this agreement.

3. That the subcontract does not affect the Contractor's accountability to the Department for the subcontracted activity.

4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.

5. That the Contractor will submit a copy of the executed subcontract if requested by the Department.

I. Procurement

Assure that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of OMB Circular A-102 (as revised), implemented through applicable portions of the associated "Common Rule" as promulgated by responsible federal contractor(s), or OMB Circular A-110, as applicable, and that records sufficient to document the significant history of all purchases are maintained for a minimum of three years after the end of the agreement period.

J. Health Insurance Portability and Accountability Act

To the extent that this act is pertinent to the services that the Contractor provides to the Department, the Contractor assures that it is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) requirements.

K. Operational Assurances

1. Infrastructure: The Applicant must possess computer and telecommunications equipment necessary to participate fully in the initiative (e.g., email, MDS reporting internet access). If the applicant does not possess such equipment, it may use up to $2,500 from the award to make the necessary purchases.

2. Evaluation: The Applicant must fully cooperate in the local evaluation led by PIRE, including implementing process evaluation methods such as CSAP's Minimum Data Set, program fidelity assessment, and outcome evaluation methods such as pre/post tests. The Applicant must also fully cooperate with the national cross-site evaluation led by Westat.

3. Learning Communities: The Applicant must attend semi-annual (twice per year) Learning Communities with other grant participants to share information across communities, receive up-dates about state-level activities, and introduce new technologies.

4. Site Visits: The Applicant must fully cooperate with the project and evaluation team during periodic site visits and participate in relevant interviews and focus groups.

5. Reporting Requirements: The Applicant agrees to submit reports at such times and in such form as may be prescribed, including financial reports, progress reports and evaluation reports.

6. Written Approval: Applicant agrees to obtain prior written approval from the State Project Director prior to making any changes in the approved project. Requests must be in writing.

7. Contract Termination: The contract may be terminated or fund payments suspended if there is a failure to comply with the terms and conditions of the following:
    - the contract application form and attachments;
    - the cooperative agreement guidelines;
    - any state or federal laws;

By signing and submitting this statement of Assurances, the Contractor certifies that it will comply with the requirements of the SIG Project. The Contractor further agrees that it will require the language of this certification be included in any sub awards which contain provisions for children's services and that all sub grantees shall certify accordingly.

_____ _____

Project Director Date

_____ _____

Agency Director, Title Date

APPENDIX 3

Certifications (signature required)

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

(a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

(b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and

(d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion - -Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about--

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;

(d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will - -

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance of rehabilitation program approved for such purposes by a Federal, State or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management
Office of Grants Management
Office of the Assistant Secretary for Management and Budget
Department of Health and Human Services
200 Independence Avenue, S.W., Room 517-D
Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL,

"Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $100,000 and not more than $100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke–free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

APPENDIX 4

Disclosure of Lobbying Activities (signature required)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 [e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency]. Include prefixes, e.g., ‘‘RFP-DE-90-001.’’

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action	3. Report Type:
☐ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	☐ a. bid/offer/application b. initial award c. post-award	☐ a. initial filing b. material change **For Material Change Only:** Year _____ Quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:
☐ Prime ☐ Subawardee Tier _____ , if known: _____ **Congressional District**, *if known:* _____	**Congressional District**, *if known:* _____
6. Federal Department/Agency:	**7. Federal Program Name/Description:** **CFDA Number**, *if applicable:* _____
8. Federal Action Number, if known:	**9. Award Amount,** if known: $
10. a. Name and Address of Lobbying Entity *(if individual, last name, first name, MI):*	**b. Individuals Performing Services** *(including address if different from No. 10a.) (last name, first name, MI):*
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.	**Signature:** _____ **Print Name:** _____ **Title:** _____ **Telephone No.:** _____ **Date:** _____

Federal Use Only:	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)

Approved by OMB
0348-0046

DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET

Reporting Entity: _____ **Page** _____ **of** _____

APPENDIX 5
Applicant Checklist

Michigan State Incentive Project Grants/APPLICANT CHECKLIST

This list is provided to assist applicants in submitting a complete and viable application. Please consult it in the preparation of your State Incentive Grant (SIG) proposal.

PLEASE NOTE: It is the policy of the Grant Review Committee not to review incomplete applications. If you answer NO to any of the items listed below, your application will be considered incomplete.

HAVE YOU?

____ Contacted your Regional Prevention Consultant to let him or her know you are applying
____ Followed the format and page requirements
____ Included the ORIGINAL (unstapled) **and** FOUR copies (stapled) of the application
____ Thoroughly reviewed application requirements/questions and responded fully and with clarity?

CONTENT/APPLICATION (Note: This checklist is not necessarily all-inclusive and does not preclude applicant's responsibility to read all instructions and submit a complete proposal.):

Does the Proposal?

Include the completed Application Information Sheet with your federal tax ID #.

_____ Include the following Grant Narrative components:

Community Description, Needs & Resources

Implementation Plan and Capacity: including your mission statement as well as substantial explanation of the following: **Goal(s):** including which risk factor(s) you are addressing (must choose at least one) and how you will address relevant protective factors **Objective(s):** Each Objective Must Include:

* an end date by when change will occur
* "increase" or "decrease" or other measurable language
* a specific target population to be addressed
* the behavior, attitude, condition or knowledge to be changed
* specific data sources to be used to measure change

Best & Promising Practices: Clearly articulated plan for what you will do to impact your identified risk factor including - Who, Will Do What, With or To Whom, How and Where Identify which **model, effective or promising** program(s)/approaches you will employ.

Management and Staffing Plan

Evaluation Plan: Description of process and outcome evaluation plan. Sign Statement of Assurances.

Completed Budget Form and Narrative: Including a three-year plan for continued funding. Include the required 5% set aside for evaluation.

REQUIRED ATTACHMENTS:

_____ List of your steering committee/board members (with target sector representation)
_____ Organizational chart.
_____ Verification of State of Michigan Substance Abuse Prevention Licensure.
_____ Resumes for identified staff or job descriptions for un-identified staff
_____ Completed Logic Model; to include timelines for accomplishments
_____ Completed Implementation Narrative including: evaluation plan and proposed evaluation instruments
_____ Appendices #1-5 including: Letter(s) of Commitment (i.e. Organizations contributing cash or in-kind support, letter of Support from your Regional Partnership Coordinator, and Memorandum of Understanding between fiscal agent and other partners if applicable).

APPENDIX 6a
Scoring Criteria

Scoring Criteria

Narrative A. Description of Current Prevention Funding Streams and Resources (10 pts)

- Does this section depict current funds and resources (e.g., SAPT Block Grants, federal, state, local and private sector funds such as foundations) in a graph/chart format, and indicate the prevention programming that they support.

- Is there a clear description of how the applicant currently uses these funds and resources to meet their community's needs in a cost-effective manner

Narrative B. Needs of the Target Population (20 points)

- Does this section of the narrative reflect a thorough needs assessment?
- Does it reference data and/or information from federal/state/regional/local-supported needs assessments and surveys?
- Does it identify both existing resources and gaps in service?
- Was targeted audience in any way involved in assessing strengths, needs and resources?
- Do assessed needs correlate to the risk and protective factors affecting targeted population(s)?

Narrative C. Implementation Plan and Capacity (50 points)

- Does the proposal demonstrate an understanding of the purpose, goals and objectives of the SIG project? Is the proposal's stated goal clearly compatible with the SIG project outcomes sought?
- Is there an explanation of how the proposed prevention plan reaches universal, selective or indicated audiences
- Do the proposal's objectives address at least one of the following risk factors:
  - Peer/Individual: Peer perception of use; peer use; peer delinquent behavior; rebelliousness; early initiation of problem behavior; impulsiveness; anti-social behavior; attitudes favorable toward substance use; perceived risk of substance use; sensation seeking; and rewards for anti-social behavior.
  - Community: Number of adults personally known to have engaged in substance abuse and other delinquent behavior; low neighborhood attachment; perceived availability of drugs and handguns; alcohol and abuse including liquor and drug law violations, alcohol related vehicle fatalities and substance abuse treatment admissions; community disorganization and transition including lack of civic involvement, community transition and mobility; high risk demographic groups, including young males and urban environments; community crime; poverty; adolescent sexual behavior; lack of

commitment to school drop outs; family conflict and management problems; and suicide.
    - Family: Perception of adult opinion and behaviors; parental attitudes toward ATOD use and other delinquent behavior; poor discipline; poor family management; and poverty.
    - School: Level of violent and delinquent behavior; attacking someone with intent to do harm; carrying a gun or being drunk or high at school; stealing or attempting to steal a motor vehicle; selling drugs, or having been arrested; school dropout; school suspension; and academic failure.
    - Society: Availability of alcohol and tobacco; norms and laws favorable to ATOD use; adolescent sexual behavior; poverty; and suicide.

- Does the proposal specifically address at least one of the following protective factors:
    - Social skills development, including participation in problem solving, communication, or self esteem activity;
    - Belief in moral order;
    - Perception of risk;
    - Positive school experience;
    - College education;
    - Full-time employment;
    - Family conflict management;
    - Parental attitude toward substance abuse and delinquent behavior
    - Community organization and stability; and
    - Enforcement of alcohol and drug laws

- Does the proposed plan use only evidence-based interventions that are considered model, effective or promising? If no, have the selected strategies been demonstrated to be effective with the target population (positive outcomes published in at least two peer-reviewed journals?) If no, are the strategies a logical application of prevention principles cited in the guidance information provided in appendices 10 and 11?

- Is there a logical relationship between the risk and protective factors to be addressed, and the strategies implemented, relative to the outcome sought and impact on target population(s)?

- Are multiple strategies employed?

- Are strategies developmentally appropriate and designed for their intended target group?

- Is the intensity and duration of strategies adequate to achieve the intended results?

- Does the proposal describe strategies to address the needs of the general population as well as strategies aimed at youth at risk?
- Do strategies address cultural, ethnic and language differences? Is there evidence of a Limited English Proficiency (LEP) policy compatible with terms of the RFP?

- Is there evidence of Minimum Data Set (MDS) reporting capability?

- Has the applicant completed projects in the past? Has the applicant evaluated those projects and modified plans as a result of that evaluation?

- Do the objectives selected demonstrate a comprehensive strategic approach to alcohol, tobacco and other drug abuse prevention?

- Are there letters of commitment from organizations that are listed as contributing substantial in-kind or financial resources to the plan?

Narrative D. Management and Staffing Plan (20 Points)

- Is there a clear evidence that the applicant's administrative structure, Board of Directors and coordinating functions are adequate to support the proposed plan.

- Is there a clear description of how the applicant will manage the project?
    - Does the fiscal agent have a history of managing grants of this size?
    - Are the roles and responsibility of staff actually carrying out the grant clear?
    - Are the qualifications and experience of the proposed grantee's project director and key personnel adequate to the project?
    - Is there adequate staff time devoted to project coordination and evaluation?

- Is there a plan for addressing the turnover of key staff?

- Is there a timeline showing all startup and implementation tasks?

Narrative E. Evaluation (No points. Review for inclusion.)

- Has the applicant submitted all required assurances?

- Has the applicant demonstrated an understanding of what is involved in monitoring and process evaluation?

- Has the applicant allocated sufficient staff and resources to carry out these activities? (It is expected that approximately 5% of budget or .25 Full Time Equivalents (FTE's) will be devoted to evaluation activities).

- Has the applicant demonstrated an ability or willingness to participate in an evaluation process through responses to the following questions?

    1. Does your agency typically collect outcome data on the population that you serve?
       If so, give some examples of the type of data you collect.

2. Are there any ongoing data collection efforts that take place in your community, either by you or other entities (e.g., annual school or community surveys)? If so, indicate which agency or organization collects those data and how often they are collected.

BUDGET REQUIREMENTS/JUSTIFICATION (No points. Review for inclusion.)

- Is the budget clear?
- Is the budget sufficient to cover the cost of administration, personnel, equipment, supplies, training, travel, sub contracts?
- Are in-kind services listed in the budget?
- Are other sources of funding being used to support the plan? If so, what percentage of the total budget does each funding source represent?
- Does the Budget Narrative justify all budget line items.

APPENDIX 6b
Scoring Tool

Michigan ODCP SIG Project - Scoring Tool

NAME OF APPLICANT: _____ REVIEWER: _____

Criteria	Possible Points	Score	Comments
A. Funding Streams and Resources	⌘⌘	⌘⌘⌘	**Your Score/Total Possible Score =__/10**
Does this section depict current funds and resources (e.g., SAPT Block Grants, federal, state, local and private sector funds such as foundations) in a graph/chart format, and indicate the prevention programming that they support.	4		
Is there a clear description of how the applicant currently uses these funds and resources to meet their community's needs in a cost-effective manner?	6		
B. Needs of Target Population	⌘⌘	⌘⌘⌘	**Your Score/Total Possible Score =__/20**
Is the need clear and compelling?	4		
Does applicant identify both existing resources and gaps in service?	4		
Was the target population in any way involved in assessing strengths, needs and resources?	4		
Has at least one risk factor been identified and used as a goal statement?	4		
Does the chosen risk factor(s) address the need area that has been described?	4		
C. Implementation Plan & Capacity	⌘⌘	⌘⌘⌘	**Your Score/Total Possible Score =__/50**
Is the proposal's stated goal clearly compatible with outcomes sought by the SIG project?	4		
Is there clear explanation of how the proposed prevention plan reaches universal, selective or indicated audiences?	5		
Have they identified how core risk and protective factors are addressed in their overall plan?	5		
Are the objectives specific and measurable and likely to impact the stated goal(s)?	6		

Are they implementing a model, effective or promising intervention as it was developed or if not, did they clearly note the adaptations that would be made?	6		
Given the stated objectives, is there a logical and clearly defined relationship between the selected practice, the risk factor(s) they seek to change, and the desired outcomes?	6		
Are the strategies developmentally appropriate and/or designed for their intended target group?	4		
Do the strategies address cultural, ethnic and language differences where they exist?	4		
Is there evidence of Minimum Data Set (MDS) reporting capability?	4		
Has the applicant completed Prevention projects in the past? Has the applicant evaluated those projects and modified plans as a result of that evaluation?	6		
D. Management and Staffing Plan	**⌘⌘**	**⌘⌘ ⌘**	**Your Score/Total Possible Score =__/20**
Is there a clear description of how the applicant and the fiscal agent will manage the project? (ie, Does a MOU outline these roles?)	3		
Are the roles and responsibilities of the project staff clear, including how supervision will be handled? Is it clear who will administer the grant contract, submit reports and attend required events?	3		
Is there a plan for addressing turnover of key staff?	2		
Has staff received cultural competency training relevant to targeted population(s) (i.e. L.E.P., age group, ethnicity, socio-economic considerations, migration issues, etc.)	3		
Is the percentage of staff time for coordination and evaluation adequate?	3		
Is there a timeline showing all startup and implementation tasks?	4		
Are resumes or job description(s) of staff included?	2		
E. Evaluation ✓ = Yes 0 = No	**⌘⌘**	**⌘⌘ ⌘**	**Your Score/Total Possible Score = 0**
Has the applicant submitted all required assurances.	✓		
Has the applicant demonstrated an ability or willingness to participate in an evaluation process	✓		

E. Evaluation (cont'd) ✓ = Yes 0 = No	⌘⌘	⌘⌘ ⌘	**Your Score/Total Possible Score = 0**
Has the applicant provided a plan for collecting process evaluation information?	✓		
Has the applicant provided a plan for collecting outcome evaluation data?	✓		
Has the applicant allocated sufficient staff and resources to carry out evaluation activities?	✓		
Has the applicant provided a copy of the evaluation tool to be used?	✓		
F. Budget/Justification ✓ = Yes 0 = No	⌘⌘	⌘⌘⌘	**Your Score/Total Possible Score = 0**
Does the budget make sense for this proposal?	✓		
Does the budget narrative provide a clear picture of all costs?	✓		
Has the 5% set-aside for evaluation been met?	✓		
Do the letters of commitment from project "partners" who are contributing in-kind or financial resources, indicate a clear understanding of their role in the prevention plan?	✓		
Additional Comments			

APPENDIX 7
Budget Forms and Instructions

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)

I. INTRODUCTION

The Budget Summary (DCH 0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH 0386). General instruction for the completion of these forms follows in Sections IV - V.

II. DISTRIBUTION

The original and three (3) copies of the Program Budget Forms are prepared and distributed as follows:

- Original and two (2) copies -

  Michigan Department of Community Health
  (Bureau/Office)
  (Appropriate Address)

- One copy - Retained by Contractor

III. RETENTION

This budget should be retained for a period complying with the retention policies established in the agreement.

IV. PROGRAM BUDGET SUMMARY (DCH 0385) FORM PREPARATION

Use the **Program Budget Summary (DCH 0385)** supplied by the Michigan Department of Community Health. An example of this form is attached **(see Attachment B.1)** for reference.

A. Page ___ of ___ - Enter the page number of this and the total number of pages comprising the complete budget package.

B. Program - Enter the title of the program.

C. Code - Enter the program code if applicable.

D. Budget Period - Enter the inclusive dates of the budget period.

E. Date Prepared - Enter the date prepared.

F. Contractor- Enter the name of the Contractor.

G. Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the number of the amendment to which the budget is to be attached.

PROGRAM BUDGET SUMMARY (DCH 0385) FORM PREPARATION (continued)

H. Address - Enter the complete address of the Contractor.

I. Employer Identification Number - Enter Federal Identification Number.

J. Category Column

Expenditures

1. Salaries and Wages - This category includes the compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This does **not** include contractual service, professional fees or personnel hired on a private contract basis (see Items 5 and 7 below).

The salaries and wages line must be supported on the Program Budget-Cost Detail (DCH 0386) which lists each type of position description, number of positions assigned to the program and the budget amount. **This applies only to those positions within the contractor, not to personnel of subcontractors.**

2. Fringe Benefits - This category is to include the employer=s contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program. **Specific fringe benefits provided must be checked on the Cost Detail Schedule (DCH 0386).**

3. Travel - **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conference and other approved travel costs incurred by the employees for the conduct of the program. Travel of consultants is reported under Other Expenses - Consultant Services (see Item 7 below). **Specific detail should be provided if any item exceeds 10% of total expenditure.**

4. Supplies and Materials - Use for all consumable and short-term items and equipment items costing less than five thousand dollars ($5,000). This includes office, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be provided if any item exceeds 10% of total expenditures.**

5. Contractual (Subcontracts) - Use for written contracts or agreement with sub-recipient organizations such as affiliates, cooperating institutions or delegate contractors **when compliance with federal grant requirements is delegated to the sub-recipient contractor. Detail on each subcontract (contractor name, contractor address, amount of contract) must be provided on the DCH 0386 Cost Detail Schedule, however, multiple small subcontracts can be grouped.** Vendor payments such as stipends and allowances for trainees, patient care, consulting fees, etc., are to be identified in the Other Expense category (see Item 7 below).

PROGRAM BUDGET SUMMARY (DCH 0385) FORM PREPARATION (continued)

6. Equipment - This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. **Equipment items costing less than five thousand dollars ($5,000) each are to be included in the Supplies and Material category.**

   All equipment items summarized on this line must be detailed on the Program Budget-Cost Detail Schedule (DCH 0386). The schedule must include item description, quantity and budgeted amount. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of $5,000 or more per unit.

7. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to arrive at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under line 7. **Specific detail should be provided if any item exceeds 10% of total expenditures.**

   a. Consultant Services - These are costs for consultation services related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.

   b. Space Cost - Costs of building space, rental of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space privately owned facilities in the same general locality.

   c. Communication Costs - Cost of telephone, telegraph, data lines, etc., when related directly to the operation of the program.

   d. Other - All other items purchased exclusively for the operation of the program and not previously included.

8. Total Direct - Enter the total of the direct expenditures (lines 1-7).

9. Indirect Cost - Enter the allowable indirect costs for the budget. Indirect costs can only be applied if an approved indirect cost rate has been established or an actual rate has been approved by the Department of the applicable federal cognizant agency and is accepted by the Department. **Detail on how the indirect amount was calculated must be shown on the Cost Detail Schedule (DCH 0386)**.

10. Other Cost Distributions - This line provides for allocation of various contributing activity costs to appropriate program areas based upon activity counts, time study support data or other reasonable and equitable means. **The percent and amount must be shown on the Cost Detail Schedule (DCH 0386)**. An example of cost distribution may be Nursing Supervision.

PROGRAM BUDGET SUMMARY (DCH 0385) FORM PREPARATION (continued)

11. Total Expenditures - Enter the total expenditures budgeted for the program. This is the total of lines 8, 9, and 10.

Source of Funds:

12. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds which the program earns through its operation and retains for operation purposes. This would include fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.

13. State Agreement - Enter the amount of MDCH funding allocated for support of this program. State percentages are not required.

14. Local - Enter the amount of local contractor funds utilized for support of this program. Local percentages are not required. **In-kind and donated services from other agencies/sources should not be included on this line.**

15. Federal - Enter the amount of any Federal grants received in support of this program and identify the type of grant received.

16. Other - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.

17. Total Funding - The total funding amount is entered on line 17. This is determined by adding lines 12 through 16 and must be equal to line 11 - Total Expenditures.

K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The ATotal Budget@ column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

V. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH 0386) FORM PREPARATION

Use the **Program Budget-Cost Detail Schedule (DCH 0386)** supplied by the Michigan Department of Community Health. An example of this form is attached **(see Attachment B.2)** for reference.

A. Page ___ of ___ - Enter the page number of this page and the total number of pages comprising the complete budget package.

B. Program - Enter the title of the program.

C. Code - Enter the program code if applicable.

D. Budget Period - Enter the inclusive dates of the budget period.

E. Date Prepared - Enter the date prepared

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH 0386) FORM PREPARATION (continued)

F. Contractor - Enter the name of the contractor.

G. Original or Amended - Check whether this is an original budget or an amended budget.

If an amended budget, enter the number of the amendment to which the budget is to be attached.

H. Position Description - List all position titles or job descriptions required to staff the program.

I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.

J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.

K. Comments - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward.

L. Totals - Enter a total in the Position Required column and the Total Salary column. The total salary amount is transferred to the Program Budget Summary - Salaries & Wage category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total amounts.

M. Fringe Benefits - Specify applicable (AX@) for staff working in this program. Enter composite fringe benefit rate and total amount of fringe benefit.

N. Travel - Enter cost of employee travel (mileage, lodging, registration fees). A specific description is required for any item which exceed 10% of total expenditures.

O. Supplies & Material - Enter cost of supplies & materials (medical, office, postage). A specific description is required for any item which exceeds 10% of total expenditures.

P. Subcontracts - Specify subcontractor(s) working on this program, including subcontractor(s) address, amount by subcontractor and total of all subcontractor(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts).

Q. Equipment - Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment.

R. Other Expenses - Enter amounts by category and total for all categories. A specific description is required for any item which exceeds 10% of total expenditures.

S. Other Cost Distributions - Enter a description of the cost, percent distributed to this program and the amount being distributed.

T. Indirect Cost Calculations - Enter the base(s), rate(s), and amount(s).

BACKUP BUDGET DETAIL - Page 1

Michigan Department of Community Health - Office of Drug Control Policy

View at 75% or larger to diplay large figures.
Use Additional Sheets as needed.
Use Whole Dollar figures only.

NOTE: The Backup Budget Detail pages are designed to assist the applicant in completing form DCH-0385 (Program Budget Summary), and form DCH-0386 (Program Budget Cost Detail).

Section 1 - SALARIES, WAGES and BENEFITS of Project Personnel:

POSITION TITLE or DESCRIPTION	SALARIES and WAGES			BENEFITS *(Check all that apply / Click with mouse if screen fill-in)*									
	HOURLY or DAILY RATE	NUMBER of DAYS or HOURS	TOTAL WAGES	F.I.C.A.	UNEMPL. INS.	RETIRE. INS.	HEALTH INS.	LIFE INS.	VISION INS.	DENTAL INS.	OTHER INS.	WORK. COMP.	TOTAL BENEFITS
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
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			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	
			$ -	☐	☐	☐	☐	☐	☐	☐	☐	☐	

TOTAL - All Wages and Salaries: $ -

TOTAL - All Benefits: $ -

The Department of Community Health is an equal opportunity employer, services and programs provider.

AUTHORITY: Violent Crime Control and Law Enforcement Act of 1994.
COMPLETION: Is Voluntary, but is required if a Grant is being requested.

BACKUP BUDGET DETAIL - Page 2

Michigan Department of Community Health - Office of Drug Control Policy

View at 75% or larger to display large figures. **Use Additional Sheets as needed.**

Section 2 - TRAVEL EXPENSES: *(Use Whole Dollar figures EXCEPT FOR MILEAGE RATE.)*

PROJECT TRAVEL DESCRIPTION	REG. FEES	MILEAGE			LODGING			MEALS			COST OF TRAVEL
		NO. of MILES	COST per MILE	TOTAL MILEAGE	NO. of NIGHTS	COST per NIGHT	TOTAL LODGING	NO. of DAYS	COST per DAY	TOTAL MEALS	
				$ -			$ -			$ -	$ -
				$ -			$ -			$ -	$ -
				$ -			$ -			$ -	$ -
				$ -			$ -			$ -	$ -
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				$ -			$ -			$ -	$ -
				$ -			$ -			$ -	$ -

REGISTRATION FEES:	$ -	**MILEAGE:**	$ -	**LODGING:**	$ -	**MEALS:**	$ -
		PARKING:		**TOTAL - All Travel Expenses:**		$	-

BACKUP BUDGET DETAIL - Page 3

Michigan Department of Community Health - Office of Drug Control Policy

View at 75% or larger to display large figures. **Use Additional Sheets as needed.**

Section 3 - SUPPLY and MATERIAL EXPENSES: *(Items under $5,000)* *(Use Whole Dollar figures only)*

Describe Supply or Material	Explanation of Need or Use	UNIT COST or LEASE	QUANTITY	COST OF SUPPLY OR MATERIAL
	☐ Lease ☐ Buy			$ -
	☐ Lease ☐ Buy			$ -
	☐ Lease ☐ Buy			$ -
	☐ Lease ☐ Buy			$ -
	☐ Lease ☐ Buy			$ -
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	☐ Lease ☐ Buy			$ -
	☐ Lease ☐ Buy			$ -
	☐ Lease ☐ Buy			$ -
			TOTAL - All Supply and Material Expenses:	$ -

BUDGET DETAIL - Page 4

Michigan Department of Community Health - Office of Drug Control Policy

View at 75% or larger to display large figures.
Use Additional Sheets as needed.
Use Whole Dollar figures only.

Section 4 - CONTRACTUAL SERVICES:

NAME OF PERSON PROVIDING SERVICE AGENCY NAME AGENCY ADDRESS (2 Lines)	HOURLY or DAILY SALARY	NUMBER of DAYS or HOURS	COST OF SERVICE
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		TOTAL - All Contractual Services:	$ -

BACKUP BUDGET DETAIL - Page 5

Michigan Department of Community Health - Office of Drug Control Policy

View at 75% or larger to display large figures.
Use Additional Sheets as needed.
Use Whole Dollar figures only.

Section 5 - EQUIPMENT EXPENSES: *(Items $5,000 or More)*

DESCRIPTION OF EQUIPMENT	UNIT PRICE	QUANTITY	COST OF EQUIPMENT ITEM
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
			$ -
		TOTAL - Equipment Expenses:	**$ -**

BUDGET DETAIL - Page 6

Michigan Department of Community Health - Office of Drug Control Policy

View at 75% or larger to display large figures.
Use Additional Sheets as needed.
Use whole dollar figures only.

Section 6 - OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSE (Provide a Complete and Detailed List)	UNIT PRICE	QUANTITY	COST OF OTHER EXPENSE
			$ -
			$ -
		TOTAL - Other Expenses:	$ -

GRAND TOTAL OF ALL PROJECT COSTS: $ -

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

PROGRAM BUDGET SUMMARY

PROGRAM	CODE	BUDGET PERIOD FROM TO		DATE PREPARED
CONTRACTOR		☐ ORIGINAL AGREEMENT ☐ AMENDMENT		AMENDMENT NUMBER
ADDRESS	CITY	STATE	ZIP CODE	PAYEE IDENTIFICATION

	EXPENDITURE CATEGORY				TOTAL BUDGET
1	Salaries and Wages				
2	Fringe Benefits				
3	Travel				
4	Supplies and Materials				
5	Contractual (Subcontracts)				
6	Equipment				
7	Other Expenses				
8	TOTAL DIRECT EXPENDITURES				
9	Indirect Costs: Rate # 1 ____%				
	Indirect Costs: Rate # 2 ____%				
10	Other Cost Distributions				
11	TOTAL EXPENDITURES				

SOURCE OF FUNDS

12	Fees and Collections				
13	State Agreement				
14	Local				
15	Federal				
16	Other				
17	TOTAL FUNDING				

DCH-0385FY2002 6/01 Replaces FIN-110 (Excel)

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

PROGRAM BUDGET - COST DETAIL

PROGRAM	CODE	BUDGET PERIOD FROM TO	DATE PREPARED

CONTRACTOR	☐ ORIGINAL BUDGET	☐ AMENDMENT	AMENDMENT NUMBER

1. SALARY & WAGES - POSITION DESCRIPTION	POSITIONS REQUIRED	TOTAL SALARY	COMMENTS
TOTAL SALARIES AND WAGES			

2. FRINGE BENEFITS: (Specify) — COMPOSITE RATE %

☐ FICA ☐ LIFE INS. ☐ DENTAL INS.
☐ UNEMPLOYMENT INS. ☐ VISION INS. ☐ WORK COMP.
☐ RETIREMENT ☐ HEARING INS.
☐ HOSPITAL INS. ☐ OTHER

TOTAL FRINGE BENEFITS

3. TRAVEL (Specify if any item exceeds 10% of Total Expenditures)

TOTAL TRAVEL

4. SUPPLIES & MATERIALS (Specify if any item exceeds 10% of Total Expenditures)

TOTAL SUPPLIES & MATERIALS

5. CONTRACTUAL (Subcontracts)

Name Address Amount

TOTAL CONTRACTUAL

6. EQUIPMENT (Specify)

TOTAL EQUIPMENT

7. OTHER EXPENSES (Specify if any item exceeds 10% of Total Expenditures)

Communication
Space Cost
Other (explain)

TOTAL OTHER EXPENSES

8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)

9. INDIRECT COST CALCULATIONS

Rate #1 Base $ x Rate %
Rate #2 Base $ x Rate %

TOTAL INDIRECT

10. OTHER COST DISTRIBUTIONS (LOCAL HEALTH DEPARTMENTS ONLY)

TOTAL OTHER COST DISTRIBUTIONS

11. TOTAL EXPENDITURES (Sum of lines 8-10)

DCH-0386FY2002 6/2001 (EXCEL) COMPLETION IS A CONDITION OF FUNDING AUTHORITY: P.A. 368 OF 1978

Budget Narrative Instructions

Submit a budget narrative that briefly describes and justifies the projected costs for each line item budget category. Include at least 5% of the requested amount for evaluation and explain which parts of budget support the evaluation process. The narrative must include costs budgeted for SIG project funds only. The narrative may not exceed one (1) page. (Refer to the Applicant Guidance Budget and Justification Section)

Personnel: Briefly identify positions directly involved in service setup, delivery, oversight and project management. Indicate the percentage (%) of time that will be charged to the SIG project for each staff person in the proposed program.

Travel: Describe anticipated travel requirements attributable to the delivery of services for your proposed model, effective or promising approach. Define travel costs in support of your program. Define any additional costs.

Equipment: Briefly explain why items are necessary for the project.

Supplies: Briefly explain why items are necessary for the project.

Contractual: Briefly explain why items are necessary for the project.

Other: Briefly explain why items are necessary for the project.

Indirect Costs: List types of costs covered by the indirect cost rate (if applicable in your region).

APPENDIX 8
Financial Status Report and Instructions

FINANCIAL STATUS REPORT (form DCH-0384)
Form Preparation Instructions
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

I. INTRODUCTION:

This form is available in **MS Excel** (that IS fill-in enabled with calculation formulas) and in **MS Word** (not fill-in enabled).

The Financial Status Report (FSR) (DCH-0384) is used to provide a standardized format for reporting the financial status of individual programs. All expenditures and revenues (including fees, local, state, federal, and others) for the particular program are reported on the FSR. The FSR is typically prepared shortly after the end of each month and must be submitted to the Michigan Department of Community Health, Bureau of Finance, no later than thirty (30) days after the close of the calendar month or other prescribed reporting period, unless otherwise specified in the program agreement. The FSR for the last month in the agreement period (or other prescribed reporting period) is also due thirty (30) days after the end of the agreement. In addition, a final report is required and due as specified in the program agreement. See attachment A of this document for reporting instructions for the final report.

The Financial Status Report is to be prepared reporting expenditures on a cash or accrued basis and revenue on an accrued basis, with the exception of fees which should be reported on a cash basis as received. See following definitions:

Cash Expenditures - Actual cash outlays for goods and services received.

Accrued Expenditures - Goods and services received, but not yet paid for.

Accrued Revenue - Total revenue earned, including amounts received and amounts earned and not received. The amount of accrued revenue must be in compliance with available funding sources per terms of the agreement.

II. DISTRIBUTION:

The original and one (1) copy of the Financial Status Report are prepared and distributed as follows:

Original - MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF FINANCE
ACCOUNTING DIVISION
P.O. BOX 30720
LANSING MI 48909-8220

One Copy - Retained by Local Agency

III. RETENTION:

This report should be retained for a period complying with the retention policies established in the agreement.

IV. FORM PREPARATION:

The Financial Status Report form (Attachment B), an example report (attachment C), and a blank FSR are attached for reference.

A. **B.P.O. Number** - Enter the Department of Community Health B.P.O number.

B. **Local Agency Name** - Enter the name of the local agency.

C. **Street Address** - Enter the street address of the local agency.

D. **City, State, ZIP Code** - Enter the City, State, and ZIP Code of the local agency.

E. **Contract Number** - Enter the Department of Community Health Contract Number.

F. **Program** - Enter the title of the program. (i.e. Governor's Discretionary Fund, Juvenile Intervention, DARE, etc.)

G. **Code** - Enter a program code if applicable.

H. **Report Period** - Enter the inclusive dates covered by the report. (June 1 thru June 30)
Check box if FINAL REPORT.

I. **Date Prepared** - Enter the date on which the report is prepared.

J. **Agreement Period** - Enter the inclusive dates of the agreement.

K. **F.E. ID Number** - Enter Federal Employer Identification Number.

L. **Expenditures Current Period Column** - Enter the current period expenditures for the following items: Expenditures must include only those authorized under the terms of the agreement.
(The current period must represent the report period.)

1. **Salaries and Wages -** This category includes the compensation paid to all permanent and part-time employees on the payroll of the local agency and assigned directly to the program. This **does not** include contractual services, professional fees or personnel hired on a private contract basis. It is necessary to maintain sufficient documentation to support the allocation of staff working less than 100% of their time on one program.

2. **Fringe Benefits -** This category is to include the employer's contributions for insurance, retirement, FICA and other similar benefits for all permanent and part-time employees assigned to the program.

3. **Travel -** Use **only** for travel costs of permanent and part-time employees assigned to the program. This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conferences, and other approved travel costs incurred by the employees for the conduct of the program. Travel of consultants is included under Other Expenses - Consultant Services.

4. **Supplies and Materials -** Use for all consumable and short-term items and equipment items costing less than five thousand dollars ($5,000). This includes office, printing, janitorial, postage, and education supplies; medical supplies; contraceptives and vaccines; tape and gauze; educational films, etc., according to the requirements of each applicable program.

5. **Contractual (Sub-Contracts)** – Use for written contracts or agreements with **secondary recipient organizations** such as affiliates, cooperating institutions or delegate agencies. Payments to individuals such as stipends, allowances for trainees and consulting fees are to be identified in the Other Expenses category.

6. **Equipment –** This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, and installation costs and any taxes. Equipment items costing less than five thousand dollars ($5,000) each are to be included in the Supplies and Materials category. All expenditures for equipment must relate to the budgeted equipment items. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of $5,000 or more per unit.

7. **Other Expenses –** This category includes other allowable costs incurred for the benefit of the program. Identify on the available lines the same items identified in the approved Program Budget. Some of the more significant groups or sub-categories of costs follow:

    a. **Consultant Services –** These are costs for consultation services related to the planning and operations of the program or for some special aspect of the project. This **does not** include consultant services for patient care, which is covered under item 7.b. Travel and other costs of these consultants are also to be included in this category.
    b. **Patient Care –** Services as required such as medical, social and educational services to patients relating to prevention, diagnosis and treatment. This category also includes medical fees, laboratory, pharmacy or other health inpatient care, home care services, treatments, professional and consultation fees and related travel costs, transportation of patients including accompanying parents or guardians (or other escort), and for sundry related support such as meals and housing. This does not include personnel costs which are included under Salaries and Wages.
    c. **Rentals and Leases –** Costs of building space, rental of equipment, instruments, etc., necessary for the operation of the program.
    d. **Communication Costs –** Cost of telephone, telegraph, data lines, etc., when related directly to the operation of the program.
    e. **Other –** All other items purchased exclusively for the operation of the program and not previously included.

8. **Total Direct –** The total of the direct expenditures (lines 1-7).

9. **Indirect Costs –** Enter the indirect rate and the amount of the indirect costs for the current period. Indirect costs can only be applied if an approved indirect cost rate has been established and is accepted by the Michigan Department of Community Health.

10. **Other Cost Distributions -** Costs allocated from various contributing activities to this program area based upon activity counts, time study support and data or other reasonable and equitable means. An example of cost distribution may be Nursing Supervision.

11. **Total Expenditures -** Enter the total expenditures being reported for the program. This is the total of lines 8, 9, and 10.

12.–15. **Source of Funds -** The various sources of funds utilized to provide program support.

16. **Fees and Collections -** Fees and collections received during the current report period. Fees and collections represent funds, which the program earns through its operation and retains for operational purposes. This would include fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.

17. **Total Funding -** The total funding (lines 12-16) must be equal to the total expenditures (line 11).

M. **Expenditures Agreement YTD Column** - Add the "Current Period" amounts from this period's report and the "Agreement YTD" amounts from the previously submitted period's report for each item (lines 1-17) in the Agreement YTD Column.

Enter only amounts for the current agreement period in this column. **The local agency should assure that no items or unallowable category deviations are reported until approval is requested and received from the Michigan Department of Community Health.**

N. **Agreement Budget Column** - This column needs to reflect the program agreement budgeted amount. Enter the "Agreement Budget" amounts for each item (lines 1-17). (Attachment B of Contract)

O. **Agreement Balance Column** - These balances are computed by subtracting the "Agreement YTD" expenditure amount from the "Agreement Budget" amount for each item.

P. **Authorized Signature and Date Signed** - This section must be signed by an authorized official certifying that documentation and records are available and easily accessible in support of all the data contained on the report. The individual signing on behalf of the Local Agency certifies by his/her signature that he/she is authorized to sign on behalf of the Local Agency. Any item found as a result of audits to be improper or undocumented will be subject to an audit citation and generally will require a payment adjustment.

Q. **Title** – Enter the title of the person signing as authorized signature.

R. **Contact Person** - Enter the person's name to whom questions should be directed concerning this report.

S. **Telephone Number** - Enter telephone number of contact person.

T. **FOR STATE USE ONLY** - This section of the form is for State use only.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
FINANCIAL STATUS REPORT (DCH-0384)
FINAL REPORTING

The Financial Status Report for the last month of the agreement period (or other prescribed reporting period) is to be prepared the same as previous monthly reports and is due no later then 30 days from the end of the agreement period. This report is considered a preliminary final FSR.

A final Financial Status Report is due within **sixty days** of the end of the agreement period and must be marked "FINAL". This requires the agency to liquidate all accounts payable and encumbrances within sixty days after the end of the agreement period (see definitions below).

Exceptions may be granted for one-time obligations that cannot be liquidated within this time period. However, should this be the case an additional fifteen days may be provided if a written request for an extension, with the reason why additional time is needed, is submitted by the due date of the final FSR. Failure to meet these final reporting deadlines may result in the State's inability to reimburse the full amount of the state's share of the gross expenditures.

In addition to submitting FSRs, other financial information will be requested to assist DCH in properly closing the State's fiscal year (September 30). This information will help ensure sufficient funds have been reserved by the state to make reimbursement for the contract in the State's upcoming fiscal year. The additional financial information required will include an estimate of open commitments and obligations incurred as of September 30, but not yet paid. The DCH Accounting Division will provide detailed instructions for reporting additional financial information each year around the first of September.

DEFINITIONS:

- **Accounts Payable** - Obligations for goods or services received which have not been paid for as of the end of the agreement period.

- **Encumbrances** - Commitments at the end of the agreement period related to unperformed (executory) contracts for goods and services.

  Note: If a contract does not end on September 30th it is still necessary to estimate accounts payable as of September 30th.

All inquiries regarding financial reporting issues should be directed to the Expenditure Operations Section of the Accounting Division.

References:
Michigan Department of Management and Budget
- Guide to State Government (1210.27).
- Year-End Closing Guide.

Federal OMB Circular A-102 (Revised & DHHS Common Rule).

FINANCIAL STATUS REPORT

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

BPO Number A	Contract Number E	Page	Of
Local Agency Name B	Program F	Code G	
Street Address C	Report Period H Thru ☐ Final	Date Prepared I	
City, State, ZIP Code D	Agreement Period J Thru	FE ID Number K	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages	L	M	N	O
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT				
9. Indirect Costs: Rate %				
10. Other Cost Distributions				
11. TOTAL EXPENDITURES				
SOURCE OF FUNDS: 12. State Agreement				
13. Local				
14. Federal				
15. Other				
16. Fees & Collections				
17. TOTAL FUNDING				

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature P	Date	Title Q
Contact Person Name R		Telephone Number S

T **FOR STATE USE ONLY**

	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message

DCH-0384-Instr (Rev. 4-01) (W) Previous Editions Obsolete

FINANCIAL STATUS REPORT

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

BPO Number	Contract Number	Page	Of
B1009999	20018883	1	1
Local Agency Name	**Program**	**Code**	
Jones City Police Department	Truancy Interdiction Program		
Street Address	**Report Period**	**Date Prepared**	
110 Temple Street	11/01/00 Thru 11/30/00 ☐ Final	12/20/00	
City, State, ZIP Code	**Agreement Period**	**FE ID Number**	
Jones City, MI 42321	10/01/00 Thru 09/31/01	38-9998888	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials	3,189.01	3,689.01	5,000.00	1,310.99
5. Contractual (Sub-Contracts)	17,966.30	19,966.30	38,000.00	18,033.70
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT	21,155.31	23,655.31	43,000.00	19,344.69
9. Indirect Costs: Rate %				
10. Other Cost Distributions				
11. TOTAL EXPENDITURES	21,155.31	23,655.31	43,000.00	19,344.69
SOURCE OF FUNDS: 12. State Agreement	21,155.31	23,655.31	43,000.00	19,344.69
13. Local	0.00	0.00	0.00	0.00
14. Federal	0.00	0.00	0.00	0.00
15. Other	0.00	0.00	0.00	0.00
16. Fees & Collections	0.00	0.00	0.00	0.00
17. TOTAL FUNDING	21,155.31	23,655.31	43,000.00	19,344.69

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date	Title
		Chief of Police
Contact Person Name		**Telephone Number**
Walter Wego		(123) 456-7890

FOR STATE USE ONLY

	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message

DCH-0384-Instr (Rev. 4-01) (W) Previous Editions Obsolete

FINANCIAL STATUS REPORT

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

BPO Number	Contract Number	Page	Of
Local Agency Name	Program	Code	
Street Address	Report Period **Thru** ☐ **Final**	Date Prepared	
City, State, ZIP Code	Agreement Period **Thru**	FE ID Number	

Category	Expenditures		Agreement	
	Current Period	Agreement YTD	Budget	Balance
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT				
9. Indirect Costs: Rate %				
10. Other Cost Distributions				
11. TOTAL EXPENDITURES				
SOURCE OF FUNDS: 12. State Agreement				
13. Local				
14. Federal				
15. Other				
16. Fees & Collections				
17. TOTAL FUNDING				

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date	Title
Contact Person Name		Telephone Number

FOR STATE USE ONLY

	Advance	INDEX	PCA	OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message

DCH-0384-Instr (Rev. 4-01) (W) Previous Editions Obsolete

FINANCIAL STATUS REPORT

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

BPO Number	Contract Number	Page	Of
Local Agency Name	Program	Code	
Street Address	Report Period **Thru** ☐ **Final**	Date Prepared	
City, State, ZIP Code	Agreement Period **Thru**	FE ID Number	

Category	Expenditures		Agreement	
	Current Period	**Agreement YTD**	**Budget**	**Balance**
1. Salaries & Wages				
2. Fringe Benefits				
3. Travel				
4. Supplies & Materials				
5. Contractual (Sub-Contracts)				
6. Equipment				
7. Other Expenses				
8. TOTAL DIRECT				
9. Indirect Costs: Rate %				
10. Other Cost Distributions				
11. TOTAL EXPENDITURES				
SOURCE OF FUNDS: 12. State Agreement				
13. Local				
14. Federal				
15. Other				
16. Fees & Collections				
17. TOTAL FUNDING				

CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.

Authorized Signature	Date	Title
Contact Person Name		Telephone Number

FOR STATE USE ONLY

	Advance	INDEX	PCA	A OBJ. CODE	AMOUNT
Advance Outstanding					
Advance Issued or Applied					
Balance					

Message

Authority: P.A. 368 of 1978
Completion: is a Condition of Reimbursement

The Department of Community Health is an equal opportunity, employer, services, and programs provider.

DCH-0384(E) (Rev. 4/01) (W) Previous Edition Obsolete

APPENDIX 9
Cultural Competency Guidelines

GUIDELINES FOR ASSESSING CULTURAL COMPETENCE

Experience or track record of involvement with the target population The applicant organization should have a documented history of positive programmatic involvement with the population/community to be served; e.g., a history of involvement with the target population or community.

Training and staffing - The staff of the organization should have training in gender/age/cultural competence. Attention should be placed on staffing the initiative with people who are familiar with, or who are themselves members of, the population/community.

Language - If an organization is providing services to a multi-linguistic population, there should be multi-linguistic resources, including use of skilled bilingual and bicultural individuals whenever a significant percentage of the target population/community is more comfortable with a language other than English.

Materials - It should be demonstrated that material and products such as audio-visual materials, PSA's, training guides and print materials to be used in the project are gender/age/culturally appropriate or will be made consistent with the population/community to be served.

Evaluation - Program evaluation methods and instrument(s) should be appropriate to the population/community being served. There should be rationale for the use of the evaluation instrument(s) that are chosen, and the rationale should include a discussion of the validity of the instrument(s) in terms of the gender/age/culture of the group(s) targeted. The evaluators should be sensitized to the culture and familiar with the gender/age/culture whenever possible and practical.

Community representation - The population/community targeted to receive services should be a planned participant in all phases of program design. There should be an established mechanism to provide members, reflective of the target group to be served, with opportunities to influence and help shape the project's proposed activities and interventions. A community advisory council or board of directors of the organizations (with legitimate and working agreements) with decision-making authority should be established to affect the course and direction of the proposed project. Members of the targeted group should be represented on the council/board.

Implementation - There should be objective evidence/indicators in the application that the applicant organization understands the cultural aspects of the community that will contribute to the program's success and which will avoid pitfalls.

* These guidelines were taken from a Center for Substance Abuse Prevention publication, The Fact Is..., February 1993.

APPENDIX 10

SECTION I: RESEARCH-BASED SUBSTANCE ABUSE PREVENTION
SECTION II: APPLICATION GUIDANCE
SECTION III: PROGRAM SUMMARIES
SECTION IV: PREVENTION PRINCIPLES

SECTION I: RESEARCH-BASED SUBSTANCE ABUSE PREVENTION

How do we reach the ultimate goal of reducing alcohol and other drug use among young people?

Research shows that a single strategy used in isolation will not be effective in reducing alcohol and other drug use among youth. To succeed, communities must decide exactly what they want to accomplish and identify a number of specific strategies to use in a variety of settings and with multiple target groups. In designing a comprehensive prevention plan, it is helpful to consider the factors that have been identified as contributors to alcohol and other drug use and incorporate strategies that will alter those factors.

What are the factors that contribute to alcohol and other drug use among young people?

A number of factors have been associated with alcohol and other drug use among youth. Those factors that tend to increase the likelihood of use are called **risk factors**; those that tend to protect youth and make it less likely they will use are called **protective factors**. A combination of strategies to decrease risk factors and increase protective factors has been shown to be the most effective at reducing alcohol and other drug use among youth. Both risk and protective factors exist at every level at which we interact with others. The chart on the following page lists some risk and protective factors for each of the four “levels of interaction”: Community, Family, School and Individual/Peer.

Risk and Protective Factors Related to Substance Use

	Risk Factors	Protective Factors
COMMUNITY	• Alcohol and other drugs readily available • Laws and ordinances are unclear or inconsistently enforced • Norms are unclear or encourage use • Residents feel little sense of "connection" to community • High unemployment • Residents at or below the poverty level • Lack of strong social institutions	• Opportunities exist for community involvement • Laws and ordinances are consistently enforced • Policies and norms encourage non-use • Community service opportunities available for youth • Resources (housing, healthcare, childcare, jobs, recreation, etc.) are available
FAMILY	• Family member with history of alcohol or other drug abuse • Family members don't spend much time together • Parents have trouble keeping track of teens, who they're with and where they go • Lack of clear rules and consequences regarding alcohol and other drug use • Parents use drugs, involve youth in their use ("get me a beer, would you?") or tolerate use by youth • Parents have trouble setting consistent expectations and limits	• Close family relationships • Education is valued and encouraged, and parents are actively involved • Copes with stress in a positive way • Clear expectations and limits regarding alcohol and other drug use • Encourages supportive relationships with caring adults beyond the immediate family • Shares family responsibilities, including chores and decision-making • Family members are nurturing and support each other
SCHOOL	• Lack of clear expectations, both academic and behavioral • Students lack commitment or sense of belonging at school • High number of students who fail academically at school • Parents and community members not actively involved	• Communicates high academic and behavioral expectations • Encourages goal-setting, academic achievement, and positive social development • Provides leadership and decision-making opportunities for students • Fosters active involvement of students, parents and community members • Sponsors substance-free events
PEER/IND.	• Thinks most friends use • Thinks alcohol and drug use is "cool" • Begins using at a young age • Certain physical, emotional or personality traits	• Involved in substance-free activities • Views parents, teachers, doctors, law enforcement officers and other adults as allies • Has positive future plans • Friends disapprove of alcohol and other drug use

Note: ***Nine risk factors from the chart have been shown to have the highest correlation to alcohol and other drug use among youth (Social Development Research Group, 1998.) They are:***

	Risk Factors with highest correlation to youth substance use
Community	• Alcohol and other drugs readily available • Laws and ordinances are unclear or inconsistently enforced • Norms are unclear or encourage use
Family	• Family member with a history of alcohol and other drug abuse • Parents use drugs, involve youth in their use ("get me a beer, would you?) or tolerate use by youth
School	• Students lack commitment or sense of belonging to school. **Note:** not as strong a correlation as the others in this list.
Peer/ Individual	• Thinks most friends use • Thinks alcohol and other drug use is "cool" • Begins using at a young age

***Similarly, the variety of protective factors can be summarized by what we are calling the five "core" protective factors*:**

- Strengthen bonds between youth and adults
- Build skills necessary for becoming a mature adult
- Provide opportunities for youth to have meaningful involvement in the community
- Provide recognition for such involvement
- Communicate and model healthy beliefs and clear standards

Once we've identified the risk and protective factors in our community, how do we go about changing them?

Strategies that have been proven effective (that is, strategies and programs that have been tested, evaluated and shown to change behavior) in other communities are most likely to work in your community. (Many of these are summarized in Section III.) Success also depends on community members' feeling ownership of those strategies.

In developing a comprehensive substance abuse plan, communities must consider: (1) whom they are trying to reach, (2) the best strategies for reaching those groups and (3) how to apply those strategies in various settings so that there is a clear and consistent message throughout the community.

1. Target Groups: Whom are you trying to reach?

Within a population, different approaches work for different groups. When designing your comprehensive plan, it is important to consider whom you are trying to reach. The Institute of Medicine (IOM) prevention classification scheme is helpful in delineating target populations

and understanding the differing objectives of various interventions. The IOM system classifies prevention interventions into three categories—universal, selective and indicated. Definitions of the three categories are below:

> **Universal preventive interventions** : everyone in the general public or a whole population group that has not been identified on the basis of individual risk; such as all residents in a community, all students in a school, or all parents in a neighborhood.
>
> **Selective preventive interventions**: are activities targeted to individuals or specific groups within the general population whose risk of developing a disorder is significantly higher than average; such as all seventh-graders or students who are not achieving in school.
>
> **Indicated preventive interventions:** are activities targeted to individuals in high risk environments or people who are already experimenting with substances or who exhibit other risk-related behaviors such as truancy, aggressiveness or violence, pregnancy, etc. These are persons also identified as having minimal, but detectable signs or symptoms foreshadowing disorder or having biological markers indicating predisposition for disorder, but not yet meeting diagnostic levels.

2. Strategies: How are you going to reach your target groups?

Strategies are things people *do* to try to prevent a behavior such as substance use among teens. It is essential to have buy-in from the people whose behavior you are trying to affect—young Michiganers. Therefore, youth should be included in any planning sessions, committees or coalitions that are going to make decisions directly affecting them. Similarly the diversity of culture, ethnicity, religion, economic status and so on in the target group must be recognized and represented in the planning process.

The SIG community grants program is based on the premise that there is no one program or strategy that, in and of itself, can reduce alcohol and other drug use. This grant encourages communities to use multiple strategies.

The Center for Substance Abuse Prevention has grouped prevention strategies into six basic categories: **information dissemination, education, alternatives, problem identification and referral, environmental, and community-based process.** Within each category, a specific strategy may be considered to be "research-based" if it has been studied and shown to have an impact on risk and protective factors or substance abuse outcomes.

<u>The Six Strategies</u>

- **Information Dissemination** - Strategies that increase knowledge and awareness of the nature and extent of alcohol and other drug use, abuse and addiction as well as their effects on individuals, families and communities. These strategies also provide knowledge and increase awareness of available prevention and treatment programs and services. Examples:

- Media Campaigns—TV, radio and print advertising (paid or public service), commentary, documentary, etc. Note that there are many innovative ways to spread the message: door to door by boy scouts, a vehicle used as a mobile billboard, etc.
- Health Fairs or Speaking Engagements—that raise awareness of alcohol and other drug abuse issues

- **Education -** Strategies that build alcohol and other drug resistance skills such as decision-making, dealing with peer pressure and coping with stress. Examples:
  - Classroom or small group sessions in which students discuss issues relevant to alcohol and other drug use, practice decision-making and communication skills, etc.
  - Parenting classes that offer ideas on talking to kids about alcohol and other drug use or trying family activities that discourage alcohol and other drug use
  - Peer leadership and mentoring programs that link students with an adult or peer for substance-free activities
  - Training for community members who are interested in serving as mentors, community center staff, or volunteers in a prevention-oriented agency

- **Alternatives -** Strategies that encourage participation in activities that exclude alcohol and other drugs. The purpose is to meet the needs filled by alcohol and other drugs with healthy activities *and* to discourage the use of alcohol and other drugs through these activities. Examples:
  - Drug free social networks such as a mountain biking club
  - Community centers that offer classes and team sports

- **Problem Identification and Referral -** Strategies designed to come between an alcohol or other drug user and his or her problem behavior; to get help to the user to change behavior. Examples:
  - Student Assistance Programs that offer individualized and group interaction. Example: a smoking cessation program at the local high school
  - Screening Services offered by health care providers, substance abuse counselors, school officials or social service agencies to help identify problems and refer people for help

- **Environmental** - Strategies to establish or change written and unwritten community standards, codes and attitudes, thereby discouraging alcohol and other drug use by the general population. Examples:
  - Reviewing and amending alcohol, tobacco and other drug-use policies in schools
  - Ensuring consistent enforcement of policies and procedures governing the availability and distribution of alcohol and other drugs, such as prohibiting alcohol in the town park
  - Modifying alcohol and tobacco advertising practices, such as prohibiting display advertising for beer at school-sponsored events

- **Community-Based Process** - Strategies that provide ongoing coalition-building and technical assistance to community groups or agencies. Examples:
  - State and local prevention agencies combining resources and efforts to maximize their effect. Example: purchasing and staffing a drug-free community center for students

- *Encouraging residents to become active in the community, and to build a sense of shared responsibility for responding to alcohol and other drug abuse*
- *Policy makers holding community meetings*

3. Settings: Where are you going to reach your target groups?

In order to effect behavior change in youth, the behavior of adults and institutions must change as well. Strategies need to be employed in a variety of settings where youth and adults live, work and play. You may consider:

- **Homes**
- **Schools**
- **Workplaces**
- **Healthcare facilities**
- **Media outlets**
- **Human services agencies**
- **Neighborhoods**
- **Parks, youth centers, or other recreational facilities**
- **Community organizations and institutions**

Efforts to decrease alcohol and other drug use must reach the individual's environment as well as the individual. If an individual feels alienated and disconnected from a community he or she may use alcohol or other drugs, no matter how much that community discourages use. Conversely, a young person may be a cared-for, actively contributing member of a community, but if that community sends the message that experimenting with alcohol is an accepted—even an expected--part of being a teen, that individual may abuse alcohol.

What might a comprehensive, community, research-based prevention plan include?

Any comprehensive plan must include strategies for each of the four levels of Community, Family, School, and Individual/Peer. Again, applying a combination of proven strategies is the most effective way to reduce alcohol and other drug use. We realize that communities cannot create a complete comprehensive plan with SIG monies alone. Our intent is that communities build on existing programs and activities, in order to increase the overall comprehensiveness of their efforts.

As an example, a comprehensive plan might involve a number of strategies that reach youth, parents, teachers, administrators, service providers and the general population in schools, via media outlets, through laws and policies, at the doctor's office, or in the neighborhood.

What about Sustainability?

To be effective, alcohol and other drug prevention efforts must be sustained. **During the second year of funding, *SIG applicants will be required to describe how they plan to continue prevention efforts beyond the grant period.***

SECTION II: APPLICATION GUIDANCE

SIG applicants must identify the key elements of their proposal and be ready to design and carry out a comprehensive prevention plan that includes components for **community, family, school and individual/peer.** At a minimum, applicants will have:

1. Engaged key stakeholders in a team planning process (i.e. parents, educators, youth, police, counselors, health care providers, communities of faith, business, community organizations and human services agencies, etc.)

2. Established partnerships, that demonstrate the ability to design and implement a comprehensive alcohol and other drug prevention plan, and that they have the capacity to maximize the time and efforts of participating members;

3. Reviewed and analyzed available data and/or conducted a community needs assessment, and identified the reduction of alcohol and other drug use among youth as a goal.

How do we choose research-based strategies for our plan?

Ultimately you may decide on a combination of programs and strategies that will best meet your community's needs.

SIG applicants are required to develop objectives to address **risk factors** most closely linked to youth alcohol and other drug use. In addition, SIG applicants are required to show that the strategies they choose will address **core protective factors.** It is recommended that proposals address at least two risk factors and four protective factors. All objectives must be supported by the principles discussed in Section IV of this document.

What are examples of programs or strategies that have worked for other communities?

Several programs and strategies address the risk and protective factors associated with alcohol and other drug use among youth, at various "levels of interaction". They have also been divided into three groups: "model programs" "effective programs" and "promising programs". "Model programs are those that have reduced alcohol, tobacco or other drug use, have been researched using a design that includes a control group and follow-up assessment of results, have been published in a peer-reviewed journal and have been successfully reviewed by NREPP (see http://model programs.samhsa.gov). "Effective programs" are those that have reduced alcohol, tobacco or other drug use, have been researched using a design that includes a control group and follow-up assessment of results, and have been published in a peer-reviewed journal. "Promising programs" have been evaluated and show a measurable effect on some risk and protective factors. Some of these programs have also demonstrated a reduction in alcohol, tobacco and other drug use.
Applicants are invited to choose strategies and programs from this list if they fit the needs of your community. This list is not exhaustive. If none of these strategies or programs meet your needs, you may include other strategies, as long as: they have demonstrated a significant effect in reducing one of the risk factors listed and you can provide documentation of their effectiveness in a peer-reviewed journal.

Intended Audience	Effective Programs	Promising Programs
General Population	• Project Northland • Project Star • Life Skills Training Program • Project ALERT	• Asset Development • Seattle Social Development Project • Adolescent Alcohol Prevention Trial • Environmental Approaches: policy development, community enforcement, reduce accessibility, media
Selected--Subsets of the general population, groups at risk	• Strengthening Families	• Big Brothers/Big Sisters • SMART Moves • Across Ages • Creating Lasting Connections
High risk groups, those who are already using	• Adolescent Transitions • Reconnecting Youth Program	• Student Assistance Program

For more specific information on what these strategies and programs do, see the summaries at website www.samhsa.gov.

If my community is interested in trying out one of the programs listed above, do we have to replicate it EXACTLY as it was done?

Fidelity or accurate implementation of programs is important to achieving the intended result. The purpose of the SIG community grants is to apply the research. We recognize that it may not be possible to take a project that worked in Kansas City and replicate it exactly in a rural Michigan community. It may, however, be possible to apply the basic strategies in a way that makes sense for that Michigan community. In your application, you will be required to show that you are using the essential ingredients of what made the project work. For example, if a project is designed to work with a general population of parents, it might not be effective to apply that same project with a group of families who are suffering from the effects of alcohol and other drug use.

SECTION III: PROGRAM SUMMARIES

On the following page are resources that provide brief summaries of a number of programs that have been evaluated and found effective at reducing alcohol and other drug use or in addressing certain risk factors closely associated with alcohol and other drug use. These summaries are included as examples only of the types of programs that have been or are currently being evaluated and developed for distribution to the public.

1. Science-Based Prevention Programs and Principles 2002 : *Effective Substance Abuse and Mental Health Programs for Every Community* - Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Prevention (SAMHSA/CSAP) www.samhsa.gov
2. Preventing Drug Use Among Children and Adolescents: *A Research-Based Guide* - National Institute on Drug Abuse/National Institutes of Health (NIDA/NIH) www.nida.nih.org or www.drugabuse.gov/Prevention/PROGRM.html
3. Programs That Work - NIDA/NIH
4. Promising Programs - Office of Juvenile Justice and Delinquency Programs www.ojp.usdoj.gov/reportsinfo.htm or www.ojp.usdoj.gov
5. Exemplary Programs - U.S. Department of Education www.ed.gov
6. Excellence in Prevention programs - American Medical Association
7. National Institute on Alcohol Abuse and Alcoholism (NIAAA) www.niaaa.nih.gov
8. Building a Successful Prevention Program: Guiding Principles and Best Practices – Western CAPT www.unr.edu/westcapt/bestpractices/bestprac.htm
9. Center for Substance Abuse Prevention (CSAP) Model Programs: SAMHSA's National Registry of Effective Programs (NREP) - www.samhsa.gov [Click on "Prevention"]

SECTION IV: PREVENTION PRINCIPLES

A review of the research has been done to develop principles of effective prevention and intervention. The principles on the following pages represent a preliminary listing based on ongoing work. General principles are presented first, followed by sets of principles organized around the areas of family, school and community. Principles for peers and individuals are encompassed in the first three areas.

When considering these principles, remember:

1. Using more principles does not necessarily result in better programs.
2. Adding principles to a poorly designed or poorly implemented program may improve short-term outcomes, but may still fall short of producing truly effective programs.
3. Program developers must use caution when applying multiple prevention strategies to ensure that the underlying principles complement one another.
4. Other prevention principles not on this list can be identified as long as you can justify the process by which that principle was identified, and can explain the logic of how the principles work together.

General Prevention Principles

1. To be effective, programs should implement a limited number of well-chosen activities. Programs should address a broad range of risk factors.

2. Long-term programs will have a more lasting impact on at-risk groups.

3. Higher levels of risk require more intensive prevention efforts.

4. Prevention programs, to be the most effective, should use culturally appropriate strategies and activities.

5. Programs should use activities that are tailored to the developmental differences among age groups.

6. Prevention strategies applied early in life are likely to be more effective.

7. Prevention efforts aimed at families may be more effective than those directed at children or parents.

8. Prevention programs are most effective when they are designed to reach a specific target population.

9. Beyond changing individual behavior, a comprehensive prevention plan also includes activities aimed at changing the environment.

10. The effectiveness of your program should be evaluated periodically.

11. If adopting an existing prevention program, it should be adapted to address the specific nature of alcohol and other drug abuse in your community.

12. Objectives of community programs should be specific, measurable and time-limited.

Family-Based Prevention Principles

1. It is effective to include sessions in your program where parents and youth learn and practice skills both separately and together.

2. Family-based programs should link families at risk to available counseling services.

3. Family-based programs should reach families at each stage of their development and should match activities to the families' specific needs.

4. Family-based programs should help parents reduce conduct problems and improve parent/child interactions. Skills to be taught could include providing consistent discipline and rules, and monitoring children's activities.

5. Family-based programs should include an educational component for parents that covers specific information about alcohol and other drugs as related to themselves and their children.

6. To make your program accessible to high-risk families, you should consider providing the following: transportation, childcare, incentives for involvement, indigenous trainers, and opportunities for parents to be involved in program changes.

School-Based Prevention Principles

1. School-based programs should reach children at all points from kindergarten to 12th grade. At a minimum, children in their middle school years should be targeted.

2. School-based drug prevention curricula are more effective when teachers receive training and support from program developers or prevention experts. Training may focus on programmatic theory, evaluation, classroom management issues, and use of a particular curriculum.

3. School-based programs should use interactive teaching methods such as modeling and role-playing.

4. School-based programs should impart the societal value of being free from alcohol and other drugs. They should endeavor to give students the skills to resist social pressure, and to be a positive influence on their peers.

5. School-based curricula should begin with a well-tested standardized intervention with detailed lesson plans and student materials.

6. Base your program on factual, up-to-date information, and use as examples realistic situations that reflect students' daily experiences.

7. Some studies have shown alcohol and other drug abuse prevention curricula to be more effective if presented as part of a broader program of health education.

8. School-based programs should foster positive social connections to school and community.

9. Educational interventions for youth that are peer led or include peer-led components are more effective. Peer-led programs tend to require extensive prior instruction for peer educators, however.

Community-Based Prevention Principles

1. Community programs should follow a structured organizational plan, progressing from needs assessment to planning, implementation and review to refinement, w/feedback to/from community at all stages.

2. Community-based programs should be coordinated with other community efforts and components should reinforce each other in theme and content.

3. Community-based prevention programs should be timed to correspond with the readiness of the community or peak community concern.

4. Well-supervised community and recreational activities can reduce alcohol and other drug use and delinquency by providing substance-free activities and increasing monitoring and supervision of children.

5. Substance-free activities should be only one of the strategies included in your comprehensive prevention plan. The combination of substance-free activities, and environmental strategies that reduce the availability of alcohol, tobacco, and other drugs appears to be especially effective.

6. Workplace programs that include drug-free workplace policies can increase community awareness of alcohol and other drug abuse issues.

7. Mentoring programs give youth structured time with adults, and result in reductions in alcohol and other drug use and increases in positive attitude toward others, the future, and school. Participation also results in better school attendance.

Community-based Prevention—Principles for Coalitions

1. Strong leaders are vital to the success of a coalition. A leader must be able to keep the vision and goals of the coalition alive, and motivate the community to take action.

2. Coalition-based efforts should have a clear purpose, with specific goals and objectives.

3. Membership in a coalition should reflect these goals. There should be a mix of members w/different skills and resources, and ordinary citizens in leadership positions.

4. Coalition-based programs should have a plan of cooperation, and clear division of responsibilities amongst coalition members.

5. Coalitions will be more successful if they stay focused on outcomes, and aren't sidetracked by issues of organizational structure.

Community-based Prevention--Principles for Media Campaigns

1. Effective use of the media is primarily demonstrated when the intervention is combined with other prevention strategies (e.g., education, enforcement of existing laws).

2. Delineate the campaign objectives in realistic and measurable terms, specifying the level of change desired (e.g., increased awareness, increased knowledge, change in behavior, change in norms).

3. Specify the target audience as distinctly as possible. As an example, instead of targeting the broad audience of "youth," one might target 5th and 6th grade girls with messages that appeal to that specific group.

4. Decide how you are going to know when your campaign has been successful. Specify the process and outcome measures upon which your campaign will be evaluated.

5. Find out as much as possible about your target group. Review what is known about the target group from past prevention efforts, from adolescent psychology and development, from survey data results (especially from local data). Talk to people who know your target group.

6. Consider conducting "focus groups" or other types of qualitative research to better understand your target group. Survey data is very important, but is no substitute for qualitative research, which give insight into such things as barriers to change or motivations for change.

7. Analyze what factors in the environment of the target group may be working against the efforts of your program, and try to reduce the impact of those "counter forces." For example, what can be done to change mixed messages youth may be getting from their surroundings?

8. Assess which media (e.g., print, radio, transit ads, television) are best suited to the target group as well as the goals of the campaign.

9. Avoid the use of “fear appeals” (trying to scare people away from drugs), negative imagery, and other heavy-handed tactics (like preaching).

10. Have actors model the desired behaviors in all media materials.

11. Avoid modeling drug-using behavior, and avoid showing the drugs themselves. (This includes showing people smoking cigarettes).

12. Provide a context that gives positive reinforcement for the decision NOT to use substances, or negatively reinforces the decision to use (abstainers should have the cool, sexy image). AVOID inadvertently associating positive contexts with drug use (e.g., misguided ads might show drugs being used in a party context with upbeat music and lots of youth looking like they’re having fun).

13. Communicate the benefits of staying away from alcohol and other drug use, especially the short-term payoffs (e.g., non-smokers smell better, have whiter teeth).

14. Consider using slightly older “peers” of the target group as spokespersons, rather than celebrities or professional announcers or government officials.

15. Try to use themes that are relevant to the target group. For example, the adolescent theme of wanting social acceptance from peers can be a potent theme that can work in your favor.

16. Consider whether media materials have already been developed that are appropriate for the objectives and target group of your campaign. If so, be sure to pilot test these media materials with members of your target group.

17. If not, involve members of your target group in the development of media strategies and materials. Pilot test your ideas and message strategies with members of your target group

18. Refine media materials on the basis of pilot testing and then re-test media materials with members of the target group.

19. Minimize the “institutional credits” at the end of your media message so that the focus will remain on the message itself, not on the sponsorship for the message.

20. Have a mechanism for assessing exposure to your media materials among members of the target group.

21. Assess the impact of the media campaign on the target group in terms of the level of change desired. For example, if the campaign goal was to generate behavioral change, have the behaviors changed in the expected direction?

22. Effective use of the mass media to change knowledge, behavior, and attitudes about alcohol and other drugs relies on creating messages that appeal to youth's *motives* for

using substances, or *perceptions* of alcohol and other drug use--for example, the perception of risk associated with a particular substance.

23. Effective use of the mass media requires paying for television and radio ads in choice air times, when youth are more likely to be viewing or listening. Public Service ads can enhance any media campaign, but by themselves are unlikely to have an impact on youth if they air at times when few youth are tuning in.

24. Recognize that the interests and TV-watching or radio-listening habits of youth vary depending on age and gender. Design your campaign to allow for the different habits of younger and older adolescents, utilizing radio and television appropriately. Use images and sounds that your target audience can relate to.

Environmental Approaches to Community-based Prevention

1. **Price Interventions.** Increasing the price of alcohol and tobacco through excise taxes is an effective strategy for reducing consumption (both prevalence of use and amount consumed.) It can also reduce various alcohol-related problems, including motor vehicle fatalities, driving while intoxicated, rapes, robberies, cirrhosis mortality, and suicide and cancer death rates. However, efforts to drive up the price of illicit drugs through stricter law enforcement have been relatively ineffective in reducing drug sales.

2. **Minimum Purchase Age Interventions.** Increasing the minimum purchase age for alcohol to age 21 has been effective in decreasing alcohol use among youth (particularly beer), and in reducing alcohol-related traffic crashes. It is associated with reductions in other alcohol-related problems among youth, including suicide, homicide, injuries and vandalism. The effect of minimum purchase age laws for tobacco are not yet known, because such laws have only recently begun to be enforced. Compliance by retailers can be compelled by more frequent enforcement.

   - **"Use and lose" laws** allow for the suspension of the driver's license of a person under 21 years of age, following a conviction for any alcohol or drug violation (e.g., use, possession, or attempt to purchase with or without false identification). These are an effective means of increasing compliance with minimum purchase age laws among youth. Penalties should be swift, certain, and meaningful. Penalties should not be too harsh, however, since severity is not related to their effectiveness; if too severe, law enforcement and judicial officers may refuse to apply them**.**

   - **Community awareness programs** and the media can be effective in increasing the public's perception that impaired drivers are likely to be caught, and can increase retailer compliance. They also help change social norms, making the community less tolerant of sales to, and use by, minors (and decrease the costs of law enforcement.)

3. **Deterrence Interventions.** Deterrence laws and policies for impaired driving have been effective in reducing the number of alcohol-related traffic crashes and fatalities among the

general population, and particularly among youth. Reducing the legal BAC limit to .08 or lower in criminal per se laws has been shown to reduce the likelihood of impaired driving.

- **Enforcement of impaired driving laws** is important to deterrence because it serves to increase the public's perception that impaired drivers are likely to be caught and punished.

- **Administrative license revocation** (which allows a driver's license to be confiscated by the arresting officer if a person is arrested with an illegal BAC or if the driver refuses to be tested) has been shown to reduce the number of fatal traffic crashes and recidivism among DUI offenders. Sanctions that target vehicles and tags by confiscating or conspicuously marking them have mostly been applied to multiple DUI offenders, with some preliminary evidence that they can lead to significant decreases in recidivism and overall impaired driving.

- **Impaired driving policies targeting underage drivers** (particularly zero tolerance laws setting BAC limits at .00 to .02 percent for youth and graduated driving privileges, in which a variety of driving restrictions are gradually lifted as the driver gains experience and maturity) have been shown to significantly reduce traffic deaths among young people.

4. **Limiting the location and density of retail outlets.** Limitations on the location and density of retail outlets may help reduce alcohol consumption, and certain other alcohol-related problems, including cirrhosis mortality, suicide, and violence. Neighborhood antidrug strategies, such as citizen surveillance or civil remedies (particularly nuisance abatement programs) can be effective in dislocating dealers and reducing the number and density of retail drug markets.

5. **Clean Indoor Air laws.** Restrictions on use in public places and private workplaces have been shown to be effective in curtailing cigarette sales and tobacco among both adults and youth.

6. **Employee Training.** Retailer education for tobacco merchants has led to relatively small, short-term reductions in sales to minors. Server-training programs have been found to affect beliefs and knowledge with mixed findings of impacts on server practices and traffic safety measures. When bartender/waiter training is combined with enforcement of laws (against service to intoxicated patrons, against sales to minors), training programs are much more effective in producing changes in selling/serving practices.

7. **Counteradvertising.** Media campaigns about the hazards of a product, or the industry that promotes it, may help reduce cigarette sales. The limited research on alcohol warning labels suggests they may affect awareness, attitudes and intentions regarding drinking, but do not appear to have had a major influence on behavior.

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CSAP's Data Collection Pyramid and Credibility Scale

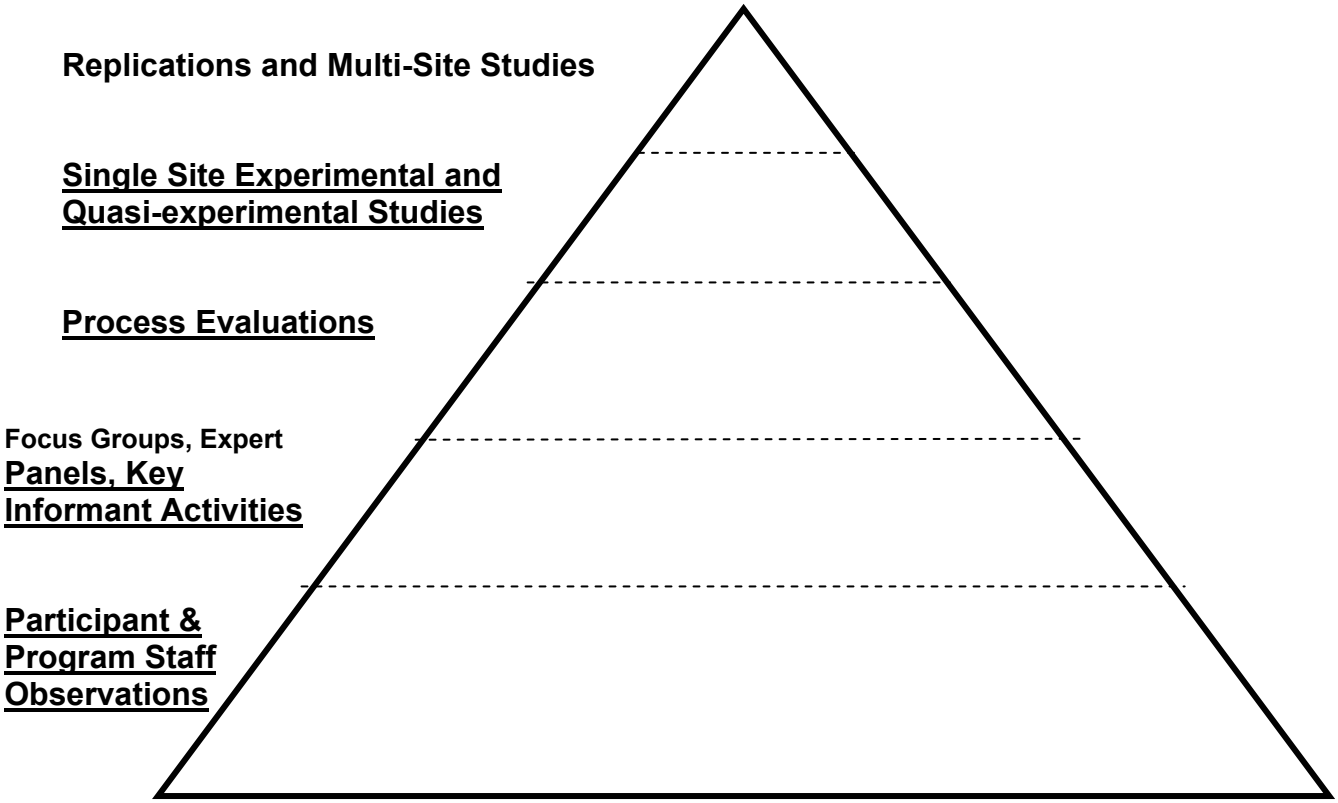
Note: The Center for Substance Abuse Prevention has produced a detailed explanation of their process for determining what is a scientifically defensible strategy or program. **The following is an excerpt from the working draft publication, entitled "Science-based Practices in Substance Abuse Prevention: A Guide."** All quoted material is taken directly from the CSAP text. If you would like a copy of the full document, please contact the Department of Health.

Principles for Defining Scientifically Defensible Knowledge

"Scientific inquiry stems from our need to understand the world in which we live. The strength of science and the "scientific method" is that it makes use of strictly defined, standardized procedures to determine how events are causally related. As science improves its methods, we benefit with increasing levels of certainty about the nature and extent of cause and effect relationships—we understand better what is required of us in terms of resources and effort to achieve specific outcomes. As we attempt to use the scientific method more systematically to identify knowledge, we also recognize the diversity of the way in which prevention programs are conducted and data extracted.

"Data Types/Research Strategies. Figure 2 identifies numerous data collection techniques that are used to gain knowledge in the substance abuse field. The techniques are mapped onto a pyramid in order to reflect proportionately how much of information is generated by particular techniques. Paradoxically, as indicated in the figure, the more sophisticated and traditionally accepted "scientific" approaches represent a small portion of data collection efforts, yet the information derived from such studies comprise a significant portion of the formal knowledge base. Still, it is important for CSAP to value the diversity of these approaches to learning, as they all can be based on sound scientific principles, and all can add knowledge concerning constructing and implementing successful prevention interventions.

Figure 2



"While the purpose of science is to increase the level of certainty regarding cause and effect relationships, and while theoretical direction/derivation makes it possible to test and extend theory, not all research in the substance abuse prevention field, or any other field, is equally well suited to the task. Research may be conceived as varying in quality along three dimensions: **credibility, generalizability, and utility.**

"Credibility. Credibility refers to the level of certainty concerning the study findings and requires, at a minimum, temporal sequencing of "cause" and "effect" (i.e., the cause always precedes the effect) as well as the ability to discount other potential spurious causal agents. Spurious agents may be internal to the research (e.g., unreliable measurement) or external to the research (e.g., contamination of the control group by contact with the intervention group).

"Utility. Utility refers to the extent to which the information can guide other programming development or maintenance decisions, help better define and delineate results, or guide future research.

"Generalizability. Generalizability refers to the extent to which findings from one study implement in one site with a specific target population apply to other settings and populations.

"Applications of Specific Principles and Criteria to Research Studies and Program Evaluations
"Although utility and generalizability are critical in developing technology transfer and diffusion strategies, the primary principle that CSAP is using to define the knowledge base concerning intervention effectiveness is that of scientific credibility. We are confident that by applying these criteria to CSAP-funded projects, as well as others, we can move expeditiously toward identifying a unified knowledge base.

"Research studies and the findings they produce vary along the dimension of credibility. The level of observed credibility of research findings regarding the causes of intervention program effects hinge on whether or not the methods employed provide at least a reasonable means of assessing change over time attributable only to the program. This simple summative criterion has a number of component parts that can be applied to assess the credibility of research. An example of this type of exercise is CSAP's recent review of their High Risk Populations Demonstration Grants. Nine criteria were used by expert evaluators to assess the rigor of the program evaluations. They include:

1. Theory: The degree to which the project findings are based in clear and well-articulated theory, clearly stated hypotheses, and clear operational relevance.
2. Fidelity of Interventions: The degree to which there is clear evidence of high fidelity implementation and the dosage of the program was sufficient to affect positive change.
3. Sampling Strategy and Implementation: The quality of sampling design and implementation, and the strength of evidence concerning sample quality (e.g., data on attrition).
4. Measures: The operational relevance and psychometric quality of measures used in the evaluation, and the quality of supporting evidence.

5. Data Collection: The quality of implementation of data collection (e.g., amount of missing data.
6. Analysis: The appropriateness and technical adequacy of techniques of analysis, primarily statistical.
7. Plausible Threats to Validity: The degree to which the evaluation design and implementation addresses and eliminates plausible alternative hypotheses concerning program effects. The degree to which the study design and implementation warrants strong causal attributions concerning program effects.
8. Integrity: The overall level of confidence that the reviewer can place in project findings based on research design and implementation.
9. Utility: The overall usefulness of project findings for informing prevention theory and practice. This rating is anchored according to the following categories, and combines the strength of findings and the strength of evaluation: were the findings consistent, both internally and in relation to expectations or predictions from theory? Many studies describe a single positive finding as proof positive that their intervention was effective. However , in most cases, corroborative data are absent, and often-contradictory data (e.g., drug substitution) are in evidence.

"Each of the criteria above were rated by pairs of trained evaluators on a 5-point scale. Of particular importance was the rating of integrity, on which reviewers were required to come to consensus. This rating scale reflects how much confidence reviewers have in findings. Confidence is derived from the quality of the intervention implementation as well as the design of the evaluation study and how well it was actually effected."

The rating scale is as follows:

"1" equals no confidence
"2" equals little confidence
"3" equals some confidence
"4" equals confident
"5" equals strong confidence

"For example, program ZZZ has an overall integrity rating of 3 (see Figure 3). This program was rated well on many of the criteria, however, evaluators did not demonstrate that their control and treatment groups were comparable prior to the intervention and their statistical analyses testing differences between groups after the intervention did not attempt to control for what might have been meaningful pretest differences. In addition, the age group differences observed on outcome measures were large and not predicted by theory. However, this program, along with a number of other programs, shows differences in youth knowledge of the harmful effects of substance use as a result of participating in classroom-based drug education, a result that, given the measurement protocols, could not be attributable to any event or occurrence other than the program intervention. Therefore, despite mixed confidence, this program can be considered a promising program and provides corroborative evidence that this prevention strategy can be effective in altering youth's knowledge of the harmful effects of substance use."

Figure 3

Summary Matrix for Program ZZZ

	NA	1	2	3	4	5
Theory				X		
Fidelity of Interventions				X		
Sampling Strategy and Implementation					X	
Measures					X	
Data Collection					X	
Analysis					X	
Plausible Threats to Validity				X		
Integrity				X		
Utility				X		

APPENDIX 11
Logic Model Planning Sheet and Curriculum Tool

Logic Model Planning Grid Directions

Needs Assessment & Problem Statement
Select from your applications needs assessment specific data (a couple of sentences) to illustrate your communities greatest needs that you will be addressing with this funding.

Risk Factor(s) as Goal Statement(s)
Based on your needs assessment data and identified problem statements, state your goal for this project. The goal is the end that you hope to accomplish. Your goal(s) should be worded in terms of your identified risk factor(s). As stated in the application, you will need to choose at least one risk factor from the guidance document. For example, if your needs assessment indicates that your problem statement is that "25% of local retailers are selling alcohol to minors", your risk factor could be "alcohol and other drugs are readily available". Consequently your goal statement would be something like; "alcohol and other drugs will not be available to minors in our community."

Outcome Objective(s)
An outcome objective states the expected amount of change in behavior, attitude, knowledge or condition to whom by when. The specificity of an outcome objective makes it different from a non-specific goal statement, although the goal statement is the first step in the crafting of a more specific objective. The operant verb in an outcome objective should indicate measurement, such as an increase or decrease, rather than project activity (the steps needed to implement the program). Each outcome objective will contain the following elements:

- Measurable language, such as "increase" or "decrease"
- Identifies a specific target population to be impacted, such as "6th grade students in school X" or "parents of 8th grade students participating in the Life Skills program at school Y"
- The behavior, attitude, condition or knowledge to be changed is clearly identified
- And end date by when the change will occur
- Identifies specific data source(s) to be used to measure the anticipated change.

An example of an outcome objective is, "A 10% reduction of retailers who sell alcohol to minors (*behavior change)* in the town of Hatfield by May 2003, as measured by the Department of Liquor Control Compliance Check.

Best or Promising Practice
Based on your outcome objectives, which have been based on your needs assessment data, identify either a best or promising practice that will address the change specified in your outcome objectives. For example, if based on your communities needs data the risk factor selected is " parents use drugs, involve youth in their use or tolerate use by youth," then please make sure the best or promising practice targets families. If the needs assessment identifies the risk factor to be "begins using at a young age," please make sure you select an intervention that targets peer/individuals. Please refer to the Center for the Application of Prevention Technology web page at www.open.org/westcapt for a more detailed explanation of best and promising practices.

Activities that Enhance Protective Factors

Based on the five (5) core protective factors that are listed in the *SIG Guidance* document, please give examples of how the best or promising practice that you have chosen incorporates the 5 core protective factors or give examples of how you will use the 5 core protective factors to enhance the best or promising practice you have chosen. It is not required that each objective must address all five (5) protective factors. If your organization is using an asset development approach, this is the place to tie in specific asset development activities that relate to the 5 core protective factors.

Evaluation Indicators and Instruments

Based on the specific change identified in your outcome objective column, identify the indicator (the "what") and instrument (the "how") you will utilize when assessing the level of change achieved. For example, if your outcome objective is to decrease by 5% parents favorable attitude of underage drinking, your indicator would be that 5% of parent participants in Program X will report a change in their favorable attitude of underage drinking, as measured by the Program X Parent's Attitude Survey. It is important that you review all evaluation tools to make sure the tool actually addresses the change identified in your outcome objective.

LOGIG MODEL WORKSHEET

PLEASE COMPLETE ONE LOGIC MODEL WORKSHEET FOR EACH DOMAIN

* **Immediate outcomes are the anticipated changes in risk and protective factors resulting from the intervention such as emotional, behavioral, attitudinal, knowledge level & skill.**

** Long-term outcomes address the impact on reducing or preventing substance use & related problems

Domain (Individual, Peer, School, Community, Family, Social Policy)	Target Population (specific demographics)	Risk & Protective Factors	Program Activities	Implementation Timeline	*Immediate Outcomes Objectives	**Long-term Outcomes Goals

Prevention/Intervention Curriculum Description Form

Applicant Name: _____

Contact Person: _____ Phone Number: _____

Name of the Curriculum: _____

Domain: _____

Author(s): _____

Modifications/revisions to the curriculum? _____No _____Yes If so, how:

_____

_____

Does the curriculum have a fidelity instrument?___No___Yes, If yes, will it be incorporated in implementation? _____

Target Population of the Curriculum

The following questions refer to the target population that the curriculum is designed to serve:

Primary Population: _____
Secondary Population: _____

Target Population Classification: _____Universal _____Selective _____Indicated

Researched Ethnicity:_____African American _____Hispanic _____Caucasian

_____Asian _____Native American _____Other: please specify: _____

Grades: _____

Does the curriculum involve families? _____Yes _____No

Curriculum Schedule
Duration: _____ (ex: 12 weeks) Frequency: _____ (ex: 2 times per week)

Intensity: _____ (ex: 2 hours per session)

Summary of the Curriculum
Provide a brief summary of curriculum, including the goals and objectives (use 2nd page, if necessary). Describe the risk and protective factors that the curriculum is designed to affect.

_____

_____

_____

Check the appropriate level: Model___ Effective___ Promising___

List outcomes related to needs of targeted population:

_____

_____

_____